



**TCI MEDICAL WASTE
DISPOSAL SERVICE**
"EXCELLENCE IN WASTE DISPOSAL"

(909) 370-0730 FAX (909) 370-0163

241 W. LAUREL STREET • COLTON, CA 92324

HAZARDOUS WASTE HAULER REGISTRATION # 1431

MEDICAL WASTE TRACKING DOCUMENT

GENERATOR NAME
MC DOWDELL DOUGLAS
TELEPHONE NUMBER
()
SUITE NO. / STREET ADDRESS
TORNAREE
CITY

DATE
5-16-94
TIME OF WASTE REMOVAL - GENERATOR SITE
8:50
TCI DRIVER
PETE

ITEM	CONTAINER SERIAL NO.	COLUMN "A" WEIGHT	COLUMN "B" NET WT/LBS.	WASTE LEGEND	TRACKING INFORMATION
1	NO WASTE			B <input type="checkbox"/> P S <input type="checkbox"/> R C <input type="checkbox"/>	Legend-Type of Medical Waste B - Biohazardous Waste (Red Bag and Sharps Waste) S - Sharps Waste Only C - Chemotherapy Waste (Trace) P - Path (Human Tissues) Waste R - Other/Special - See Remarks
2				B <input type="checkbox"/> P S <input type="checkbox"/> R C <input type="checkbox"/>	NOTE: Weight shown in Column "A" are reasonable estimates only, used for waste tracking document requirements, and can- not be used for invoicing purposes. NOTE: Weight shown in Column "B" is ex- act weight of waste (less tare weight of rigid container), can be used for invoicing purposes. Weights are taken and determined at the T.C.I. Facility by a certified deputy weighmaster on weighmaster certified/permited scales.
3				B <input type="checkbox"/> P S <input type="checkbox"/> R C <input type="checkbox"/>	
4				B <input type="checkbox"/> P S <input type="checkbox"/> R C <input type="checkbox"/>	
5				B <input type="checkbox"/> P S <input type="checkbox"/> R C <input type="checkbox"/>	
6				B <input type="checkbox"/> P S <input type="checkbox"/> R C <input type="checkbox"/>	
7				B <input type="checkbox"/> P S <input type="checkbox"/> R C <input type="checkbox"/>	
8				B <input type="checkbox"/> P S <input type="checkbox"/> R C <input type="checkbox"/>	
9				B <input type="checkbox"/> P S <input type="checkbox"/> R C <input type="checkbox"/>	
10				B <input type="checkbox"/> P S <input type="checkbox"/> R C <input type="checkbox"/>	
11				B <input type="checkbox"/> P S <input type="checkbox"/> R C <input type="checkbox"/>	
12				B <input type="checkbox"/> P S <input type="checkbox"/> R C <input type="checkbox"/>	

REMARKS

EMPTY CONTAINERS

QTY

EXCHANGED @ PICKUP

GENERATOR SIGNATURE

DATE

WEIGHMASTER SIGNATURE

DATE

T.C.I. FACILITY AUTHORIZED AGENT

DATE

NO. **49852**

(DATE WASTE WAS RECEIVED BY TREATMENT FACILITY)

MEDICAL WASTE TREATMENT BY
MEDICAL WASTE TSD FACILITY • THERMAL COMBUSTION INNOVATORS INC.
241 WEST LAUREL ST., COLTON, CA 92324 • EPA NO. CAD 981433873
WEIGHMASTER LICENSE NO. 6843

CERTIFICATION OF MEDICAL WASTE TREATMENT/DISPOSAL
GENERATORS-COPY



**TCI MEDICAL WASTE
DISPOSAL SERVICE**
"EXCELLENCE IN WASTE DISPOSAL"

(909) 370-0730 FAX (909) 370-0163

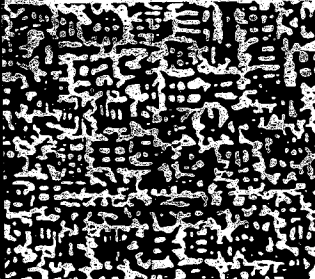
241 W. LAUREL STREET • COLTON, CA 92324

HAZARDOUS WASTE HAULER REGISTRATION # 1431

MEDICAL WASTE TRACKING DOCUMENT

GENERATOR NAME <u>MC DOWDALL DOUGLAS</u>	TELEPHONE NUMBER ()
SUITE NO. / STREET ADDRESS <u>TORRANCE</u>	CITY

DATE <u>4/25/94</u>	TIME OF WASTE REMOVAL - GENERATOR SITE <u>9:05</u>	TCI DRIVER <u>SCOTT / PETE</u>
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ITEM	CONTAINER SERIAL NO.	COLUMN "A" WEIGHT	COLUMN "B" NET WT/LBS.	WASTE LEGEND	TRACKING INFORMATION									
1	NO WASTE			<table><tr><td>B</td><td><input type="checkbox"/></td><td>P</td></tr><tr><td>S</td><td><input type="checkbox"/></td><td>R</td></tr><tr><td>C</td><td><input type="checkbox"/></td><td></td></tr></table>	B	<input type="checkbox"/>	P	S	<input type="checkbox"/>	R	C	<input type="checkbox"/>		Legend-Type of Medical Waste B - Biohazardous Waste (Red Bag and Sharps Waste) S - Sharps Waste Only C - Chemotherapy Waste (Trace) P - Path (Human Tissues) Waste R - Other/Special - See Remarks
B	<input type="checkbox"/>	P												
S	<input type="checkbox"/>	R												
C	<input type="checkbox"/>													
2				<table><tr><td>B</td><td><input type="checkbox"/></td><td>P</td></tr><tr><td>S</td><td><input type="checkbox"/></td><td>R</td></tr><tr><td>C</td><td><input type="checkbox"/></td><td></td></tr></table>	B	<input type="checkbox"/>	P	S	<input type="checkbox"/>	R	C	<input type="checkbox"/>		NOTE: Weight shown in Column "A" are reasonable estimates only, used for waste tracking document requirements, and can not be used for invoicing purposes.
B	<input type="checkbox"/>	P												
S	<input type="checkbox"/>	R												
C	<input type="checkbox"/>													
3			<table><tr><td>B</td><td><input type="checkbox"/></td><td>P</td></tr><tr><td>S</td><td><input type="checkbox"/></td><td>R</td></tr><tr><td>C</td><td><input type="checkbox"/></td><td></td></tr></table>	B	<input type="checkbox"/>	P	S	<input type="checkbox"/>	R	C	<input type="checkbox"/>			
B	<input type="checkbox"/>	P												
S	<input type="checkbox"/>	R												
C	<input type="checkbox"/>													
4			<table><tr><td>B</td><td><input type="checkbox"/></td><td>P</td></tr><tr><td>S</td><td><input type="checkbox"/></td><td>R</td></tr><tr><td>C</td><td><input type="checkbox"/></td><td></td></tr></table>	B	<input type="checkbox"/>	P	S	<input type="checkbox"/>	R	C	<input type="checkbox"/>			
B	<input type="checkbox"/>	P												
S	<input type="checkbox"/>	R												
C	<input type="checkbox"/>													
5				<table><tr><td>B</td><td><input type="checkbox"/></td><td>P</td></tr><tr><td>S</td><td><input type="checkbox"/></td><td>R</td></tr><tr><td>C</td><td><input type="checkbox"/></td><td></td></tr></table>	B	<input type="checkbox"/>	P	S	<input type="checkbox"/>	R	C	<input type="checkbox"/>		NOTE: Weight shown in Column "B" is ex- act weight of waste (less tare weight of rigid container), can be used for invoicing purposes. Weights are taken and determined at the T.C.I. Facility by a certified deputy weighmaster on weighmaster certified/permitted scales.
B	<input type="checkbox"/>	P												
S	<input type="checkbox"/>	R												
C	<input type="checkbox"/>													
6			<table><tr><td>B</td><td><input type="checkbox"/></td><td>P</td></tr><tr><td>S</td><td><input type="checkbox"/></td><td>R</td></tr><tr><td>C</td><td><input type="checkbox"/></td><td></td></tr></table>	B	<input type="checkbox"/>	P	S	<input type="checkbox"/>	R	C	<input type="checkbox"/>			
B	<input type="checkbox"/>	P												
S	<input type="checkbox"/>	R												
C	<input type="checkbox"/>													
7			<table><tr><td>B</td><td><input type="checkbox"/></td><td>P</td></tr><tr><td>S</td><td><input type="checkbox"/></td><td>R</td></tr><tr><td>C</td><td><input type="checkbox"/></td><td></td></tr></table>	B	<input type="checkbox"/>	P	S	<input type="checkbox"/>	R	C	<input type="checkbox"/>			
B	<input type="checkbox"/>	P												
S	<input type="checkbox"/>	R												
C	<input type="checkbox"/>													
8				<table><tr><td>B</td><td><input type="checkbox"/></td><td>P</td></tr><tr><td>S</td><td><input type="checkbox"/></td><td>R</td></tr><tr><td>C</td><td><input type="checkbox"/></td><td></td></tr></table>	B	<input type="checkbox"/>	P	S	<input type="checkbox"/>	R	C	<input type="checkbox"/>		
B	<input type="checkbox"/>	P												
S	<input type="checkbox"/>	R												
C	<input type="checkbox"/>													
9			<table><tr><td>B</td><td><input type="checkbox"/></td><td>P</td></tr><tr><td>S</td><td><input type="checkbox"/></td><td>R</td></tr><tr><td>C</td><td><input type="checkbox"/></td><td></td></tr></table>	B	<input type="checkbox"/>	P	S	<input type="checkbox"/>	R	C	<input type="checkbox"/>			
B	<input type="checkbox"/>	P												
S	<input type="checkbox"/>	R												
C	<input type="checkbox"/>													
10			<table><tr><td>B</td><td><input type="checkbox"/></td><td>P</td></tr><tr><td>S</td><td><input type="checkbox"/></td><td>R</td></tr><tr><td>C</td><td><input type="checkbox"/></td><td></td></tr></table>	B	<input type="checkbox"/>	P	S	<input type="checkbox"/>	R	C	<input type="checkbox"/>			
B	<input type="checkbox"/>	P												
S	<input type="checkbox"/>	R												
C	<input type="checkbox"/>													
11			<table><tr><td>B</td><td><input type="checkbox"/></td><td>P</td></tr><tr><td>S</td><td><input type="checkbox"/></td><td>R</td></tr><tr><td>C</td><td><input type="checkbox"/></td><td></td></tr></table>	B	<input type="checkbox"/>	P	S	<input type="checkbox"/>	R	C	<input type="checkbox"/>			
B	<input type="checkbox"/>	P												
S	<input type="checkbox"/>	R												
C	<input type="checkbox"/>													
12			<table><tr><td>B</td><td><input type="checkbox"/></td><td>P</td></tr><tr><td>S</td><td><input type="checkbox"/></td><td>R</td></tr><tr><td>C</td><td><input type="checkbox"/></td><td></td></tr></table>	B	<input type="checkbox"/>	P	S	<input type="checkbox"/>	R	C	<input type="checkbox"/>			
B	<input type="checkbox"/>	P												
S	<input type="checkbox"/>	R												
C	<input type="checkbox"/>													

REMARKS	EMPTY CONTAINERS	QTY
	EXCHANGED @ PICKUP	
	GENERATOR SIGNATURE <u>ND/S</u>	DATE <u>4/25/94</u>
	WEIGHMASTER SIGNATURE	DATE
	T.C.I. FACILITY AUTHORIZED AGENT	DATE
(DATE WASTE WAS RECEIVED BY TREATMENT FACILITY)		

NO. **47208**

MEDICAL WASTE TREATMENT BY
MEDICAL WASTE TSD FACILITY • THERMAL COMBUSTION INNOVATORS INC.
241 WEST LAUREL ST., COLTON, CA 92324 • EPA NO. CAD 981433873
WEIGHMASTER LICENSE NO. 6843

CERTIFICATION OF MEDICAL WASTE TREATMENT/DISPOSAL
GENERATORS COPY



TCI MEDICAL WASTE DISPOSAL SERVICE

"EXCELLENCE IN WASTE DISPOSAL"

(909) 370-0730 FAX (909) 370-0163

241 W. LAUREL STREET • COLTON, CA 92324

HAZARDOUS WASTE HAULER REGISTRATION # 1431

MEDICAL WASTE TRACKING DOCUMENT

GENERATOR NAME MC DONNELL DOUGLAS Co. TELEPHONE NUMBER _____
SUITE NO. / STREET ADDRESS _____ CITY TORRANCE

DATE 4-21-94 TIME OF WASTE REMOVAL - GENERATOR SITE 11:45 TCI DRIVER CHARLOS

ITEM	CONTAINER SERIAL NO.	COLUMN "A" WEIGHT	COLUMN "B" NET WT/LBS.	WASTE LEGEND	TRACKING INFORMATION
1				B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C <input type="checkbox"/>	Legend-Type of Medical Waste B - Biohazardous Waste (Red Bag and Sharps Waste) S - Sharps Waste Only C - Chemotherapy Waste (Trace) P - Path (Human Tissues) Waste R - Other/Special - See Remarks
2				B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C <input type="checkbox"/>	NOTE: Weight shown in Column "A" are reasonable estimates only, used for waste tracking document requirements, and can not be used for invoicing purposes. NOTE: Weight shown in Column "B" is ex- act weight of waste (less tare weight of rigid container), can be used for invoicing purposes. Weights are taken and determined at the T.C.I. Facility by a certified deputy weighmaster on weighmaster certified/permited scales.
3				B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C <input type="checkbox"/>	
4				B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C <input type="checkbox"/>	
5				B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C <input type="checkbox"/>	
6				B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C <input type="checkbox"/>	
7				B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C <input type="checkbox"/>	
8				B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C <input type="checkbox"/>	
9				B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C <input type="checkbox"/>	
10				B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C <input type="checkbox"/>	
11				B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C <input type="checkbox"/>	
12				B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C <input type="checkbox"/>	

REMARKS _____

EMPTY CONTAINERS _____ QTY _____

EXCHANGED @ PICKUP _____

GENERATOR SIGNATURE _____ DATE 4-21-94

WEIGHMASTER SIGNATURE _____ DATE _____

T.C.I. FACILITY AUTHORIZED AGENT _____ DATE _____

NO. 46999 (DATE WASTE WAS RECEIVED BY TREATMENT FACILITY) _____

MEDICAL WASTE TREATMENT BY

MEDICAL WASTE TSD FACILITY • THERMAL COMBUSTION INNOVATORS INC.

241 WEST LAUREL ST., COLTON, CA 92324 • EPA NO. CAD 981433873

WEIGHMASTER LICENSE NO. 6843

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DISPOSAL SERVICE**
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HAZARDOUS WASTE HAULER REGISTRATION # 1431

MEDICAL WASTE TRACKING DOCUMENT

GENERATOR NAME MC DOWELL DOUGLAS TELEPHONE NUMBER ()
SUITE NO. / STREET ADDRESS TORRANCE CITY

DATE 5-12-94 TIME OF WASTE REMOVAL 10:45 GENERATOR SITE TCI DRIVER DETE

ITEM	CONTAINER SERIAL NO.	COLUMN "A" WEIGHT	COLUMN "B" NET WT/LBS.	WASTE LEGEND	TRACKING INFORMATION
1	<u>(no waste)</u>			<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	Legend-Type of Medical Waste B - Biohazardous Waste (Red Bag and Sharps Waste) S - Sharps Waste Only C - Chemotherapy Waste (Trace) P - Path (Human Tissues) Waste R - Other/Special - See Remarks
2				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	NOTE: Weight shown in Column "A" are reasonable estimates only, used for waste tracking document requirements, and can- not be used for invoicing purposes. NOTE: Weight shown in Column "B" is ex- act weight of waste (less tare weight of rigid container), can be used for invoicing purposes. Weights are taken and determined at the T.C.I. Facility by a certified deputy weighmaster on weighmaster certified/permited scales.
3				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
4				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
5				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
6				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
7				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
8				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
9				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
10				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
11				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
12				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	

REMARKS

EMPTY CONTAINERS

QTY

EXCHANGED @ PICKUP

GENERATOR SIGNATURE

DATE

WEIGHMASTER SIGNATURE

DATE

T.C.I. FACILITY AUTHORIZED AGENT

DATE

NO. **49518**

(DATE WASTE WAS RECEIVED BY TREATMENT FACILITY)

MEDICAL WASTE TREATMENT BY

MEDICAL WASTE TSD FACILITY • THERMAL COMBUSTION INNOVATORS INC.

241 WEST LAUREL ST., COLTON, CA 92324 • EPA NO. CAD 981433873

WEIGHMASTER LICENSE NO. 6843

CERTIFICATION OF MEDICAL WASTE TREATMENT/DISPOSAL
GENERATORS-COPY



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DISPOSAL SERVICE**
"EXCELLENCE IN WASTE DISPOSAL"

(909) 370-0730 FAX (909) 370-0163

241 W. LAUREL STREET • COLTON, CA 92324

HAZARDOUS WASTE HAULER REGISTRATION # 1431

MEDICAL WASTE TRACKING DOCUMENT

GENERATOR NAME WILL DONNELL DOUGLAS TELEPHONE NUMBER ()
SUITE NO. / STREET ADDRESS TORRANCE CITY

DATE 5-5-94 TIME OF WASTE REMOVAL - GENERATOR SITE 11:25 TCI DRIVER PETE

ITEM	CONTAINER SERIAL NO.	COLUMN "A" WEIGHT	COLUMN "B" NET WT/LBS.	WASTE LEGEND	TRACKING INFORMATION
1	2728	1		<input checked="" type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	Legend-Type of Medical Waste B - Biohazardous Waste (Red Bag and Sharps Waste) S - Sharps Waste Only C - Chemotherapy Waste (Trace) P - Path (Human Tissues) Waste R - Other/Special - See Remarks
2				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	NOTE: Weight shown in Column "A" are reasonable estimates only, used for waste tracking document requirements, and can- not be used for invoicing purposes. NOTE: Weight shown in Column "B" is ex- act weight of waste (less tare weight of rigid container), can be used for invoicing purposes. Weights are taken and determined at the T.C.I. Facility by a certified deputy weighmaster on weighmaster certified/permited scales.
3				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
4				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
5				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
6				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
7				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
8				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
9				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
10				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
11				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
12				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	

REMARKS

EMPTY CONTAINERS

QTY

EXCHANGED @ PICKUP

GENERATOR SIGNATURE

DATE

WEIGHMASTER SIGNATURE

DATE

T.C.I. FACILITY AUTHORIZED AGENT

DATE

NO. **48584**

(DATE WASTE WAS RECEIVED BY TREATMENT FACILITY)

MEDICAL WASTE TREATMENT BY

MEDICAL WASTE TSD FACILITY • THERMAL COMBUSTION INNOVATORS INC.

241 WEST LAUREL ST., COLTON, CA 92324 • EPA NO. CAD 981433873

WEIGHMASTER LICENSE NO: 6843

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GENERATORS COPY**



NC.

TCI MEDICAL WASTE DISPOSAL SERVICE

"EXCELLENCE IN WASTE DISPOSAL"

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241 W. LAUREL STREET • COLTON, CA 92324

HAZARDOUS WASTE HAULER REGISTRATION # 1431

MEDICAL WASTE TRACKING DOCUMENT

GENERATOR NAME MC DOWDELL DUGLAS TELEPHONE NUMBER ()
SUITE NO. / STREET ADDRESS TORRANCE CITY

DATE 4/28/94 TIME OF WASTE REMOVAL - GENERATOR SITE TCI DRIVER PETE CRAG

ITEM	CONTAINER SERIAL NO.	COLUMN "A" WEIGHT	COLUMN "B" NET WT/LBS.	WASTE LEGEND	TRACKING INFORMATION
1	<u>NO WASTE</u>			B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C <input type="checkbox"/>	Legend-Type of Medical Waste B - Biohazardous Waste (Red Bag and Sharps Waste) S - Sharps Waste Only C - Chemotherapy Waste (Trace) P - Path (Human Tissues) Waste R - Other/Special - See Remarks
2				B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C <input type="checkbox"/>	<p>NOTE: Weight shown in Column "A" are reasonable estimates only, used for waste tracking document requirements, and cannot be used for invoicing purposes.</p> <p>NOTE: Weight shown in Column "B" is exact weight of waste (less tare weight of rigid container), can be used for invoicing purposes. Weights are taken and determined at the T.C.I. Facility by a certified deputy weighmaster on weighmaster certified/permitted scales.</p> 
3				B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C <input type="checkbox"/>	
4				B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C <input type="checkbox"/>	
5				B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C <input type="checkbox"/>	
6				B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C <input type="checkbox"/>	
7				B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C <input type="checkbox"/>	
8				B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C <input type="checkbox"/>	
9				B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C <input type="checkbox"/>	
10				B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C <input type="checkbox"/>	
11				B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C <input type="checkbox"/>	
12				B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C <input type="checkbox"/>	

REMARKS EMPTY CONTAINERS QTY
EXCHANGED @ PICKUP
GENERATOR SIGNATURE M/S DATE 4/28/94
WEIGHMASTER SIGNATURE DATE
T.C.I. FACILITY AUTHORIZED AGENT DATE
(DATE WASTE WAS RECEIVED BY TREATMENT FACILITY)

NO. 47860

MEDICAL WASTE TREATMENT BY
MEDICAL WASTE TSD FACILITY • THERMAL COMBUSTION INNOVATORS INC.
241 WEST LAUREL ST., COLTON, CA 92324 • EPA NO. CAD 981433873
WEIGHMASTER LICENSE NO. 6843

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GENERATORS-COPY



TCI MEDICAL WASTE DISPOSAL SERVICE

"EXCELLENCE IN WASTE DISPOSAL"

(909) 370-0730 FAX (909) 370-0163


241 W. LAUREL STREET • COLTON, CA 92324

HAZARDOUS WASTE HAULER REGISTRATION # 1431

MEDICAL WASTE TRACKING DOCUMENT

GENERATOR NAME McDonnell Douglas Co. TELEPHONE NUMBER _____
SUITE NO. / STREET ADDRESS _____ CITY Yorba Linda

DATE 4-2-1994 TIME OF WASTE REMOVAL - GENERATOR SITE 1:53 TCI DRIVER Chen

ITEM	CONTAINER SERIAL NO.	COLUMN "A" WEIGHT	COLUMN "B" NET WT/LBS.	WASTE LEGEND	TRACKING INFORMATION
1	<u>no waste</u>			B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C <input type="checkbox"/>	Legend-Type of Medical Waste B - Biohazardous Waste (Red Bag and Sharps Waste) S - Sharps Waste Only C - Chemotherapy Waste (Trace) P - Path (Human Tissues) Waste R - Other/Special - See Remarks
2				B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C <input type="checkbox"/>	<p>NOTE: Weight shown in Column "A" are reasonable estimates only, used for waste tracking document requirements, and cannot be used for invoicing purposes.</p> <p>NOTE: Weight shown in Column "B" is exact weight of waste (less tare weight of rigid container), can be used for invoicing purposes. Weights are taken and determined at the T.C.I. Facility by a certified deputy weighmaster on weighmaster certified/permitted scales.</p> 
3				B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C <input type="checkbox"/>	
4				B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C <input type="checkbox"/>	
5				B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C <input type="checkbox"/>	
6				B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C <input type="checkbox"/>	
7				B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C <input type="checkbox"/>	
8				B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C <input type="checkbox"/>	
9				B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C <input type="checkbox"/>	
10				B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C <input type="checkbox"/>	
11				B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C <input type="checkbox"/>	
12				B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C <input type="checkbox"/>	

REMARKS	EMPTY CONTAINERS	QTY
	EXCHANGED @ PICKUP	
	GENERATOR SIGNATURE	DATE <u>4-7-94</u>
	WEIGHMASTER SIGNATURE	DATE
	T.C.I. FACILITY AUTHORIZED AGENT	DATE
NO. 45384	(DATE WASTE WAS RECEIVED BY TREATMENT FACILITY)	

MEDICAL WASTE TREATMENT BY
 MEDICAL WASTE TSD FACILITY • THERMAL COMBUSTION INNOVATORS INC.
 241 WEST LAUREL ST., COLTON, CA 92324 • EPA NO. CAD 981433873
 WEIGHMASTER LICENSE NO. 6843
CERTIFICATION OF MEDICAL WASTE TREATMENT/DISPOSAL
 GENERATORS-COPY



NC.

TCI MEDICAL WASTE DISPOSAL SERVICE

"EXCELLENCE IN WASTE DISPOSAL"

(909) 370-0730 FAX (909) 370-0163

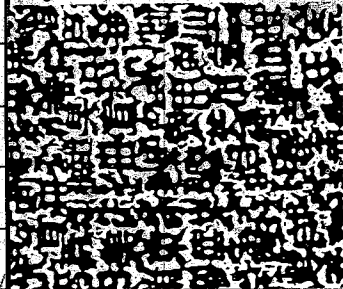
241 W. LAUREL STREET • COLTON, CA 92324

HAZARDOUS WASTE HAULER REGISTRATION # 1431

MEDICAL WASTE TRACKING DOCUMENT

GENERATOR NAME MC DONNELL DOUGLAS TELEPHONE NUMBER
SUITE NO. / STREET ADDRESS CITY

DATE 4/18/94 TIME OF WASTE REMOVAL - GENERATOR SITE 10:30 TCI DRIVER JOHN

ITEM	CONTAINER SERIAL NO.	COLUMN "A" WEIGHT	COLUMN "B" NET WT/LBS.	WASTE LEGEND	TRACKING INFORMATION
1	772	32		<input checked="" type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	Legend-Type of Medical Waste B - Biohazardous Waste (Red Bag and Sharps Waste) S - Sharps Waste Only C - Chemotherapy Waste (Trace) P - Path (Human Tissues) Waste R - Other/Special - See Remarks
2	1728	35		<input checked="" type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
3				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
4				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	NOTE: Weight shown in Column "A" are reasonable estimates only, used for waste tracking document requirements, and can not be used for invoicing purposes.
5				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
6				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
7				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	NOTE: Weight shown in Column "B" is ex- act weight of waste (less tare weight of rigid container), can be used for invoicing purposes. Weights are taken and determined at the T.C.I. Facility by a certified deputy weighmaster on weighmaster certified/permited scales.
8				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
9				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
10				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
11				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
12				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	

REMARKS

EMPTY CONTAINERS

QTY

EXCHANGED @ PICKUP

GENERATOR SIGNATURE

WEIGHMASTER SIGNATURE

T.C.I. FACILITY AUTHORIZED AGENT

DATE

NO. **46774**

(DATE WASTE WAS RECEIVED BY TREATMENT FACILITY)

MEDICAL WASTE TREATMENT BY

MEDICAL WASTE TSD FACILITY • THERMAL COMBUSTION INNOVATORS INC.

241 WEST LAUREL ST., COLTON, CA 92324 • EPA NO. CAD 981433873

WEIGHMASTER LICENSE NO. 6843

CERTIFICATION OF MEDICAL WASTE TREATMENT/DISPOSAL
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**TCI MEDICAL WASTE
DISPOSAL SERVICE**
"EXCELLENCE IN WASTE DISPOSAL"

(909) 370-0730 FAX (909) 370-0163

241 W. LAUREL STREET • COLTON, CA 92324

HAZARDOUS WASTE HAULER REGISTRATION # 1431

MEDICAL WASTE TRACKING DOCUMENT

GENERATOR NAME McDonnell Douglas Co. TELEPHONE NUMBER ()
SUITE NO. / STREET ADDRESS 20000 CITY Long Beach

DATE Mar. 31, 1994 TIME OF WASTE REMOVAL - GENERATOR SITE 12:40 TCI DRIVER Chris

ITEM	CONTAINER SERIAL NO.	COLUMN "A" WEIGHT	COLUMN "B" NET WT/LBS.	WASTE LEGEND	TRACKING INFORMATION
1	<u>Waste</u>			<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	Legend-Type of Medical Waste B - Biohazardous Waste (Red Bag and Sharps Waste) S - Sharps Waste Only C - Chemotherapy Waste (Trace) P - Path (Human Tissues) Waste R - Other/Special - See Remarks
2				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	NOTE: Weight shown in Column "A" are reasonable estimates only, used for waste tracking document requirements, and can- not be used for invoicing purposes. NOTE: Weight shown in Column "B" is ex- act weight of waste (less tare weight of rigid container), can be used for invoicing purposes. Weights are taken and determined at the T.C.I. Facility by a certified deputy weighmaster on weighmaster certified/permitted scales.
3				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
4				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
5				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
6				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
7				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
8				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
9				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
10				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
11				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
12				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	

REMARKS

EMPTY CONTAINERS

QTY

EXCHANGED @ PICKUP

GENERATOR SIGNATURE

DATE

WEIGHMASTER SIGNATURE

DATE

T.C.I. FACILITY AUTHORIZED AGENT

DATE

NO. **45011**

(DATE WASTE WAS RECEIVED BY TREATMENT FACILITY)

MEDICAL WASTE TREATMENT BY

MEDICAL WASTE TSD FACILITY • THERMAL COMBUSTION INNOVATORS INC.

241 WEST LAUREL ST., COLTON, CA 92324 • EPA NO. CAD 981433873

WEIGHMASTER LICENSE NO. 6843

CERTIFICATION OF MEDICAL WASTE TREATMENT/DISPOSAL
GENERATORS-COPY



**TCI MEDICAL WASTE
DISPOSAL SERVICE**
"EXCELLENCE IN WASTE DISPOSAL"

(909) 370-0730 FAX (909) 370-0163

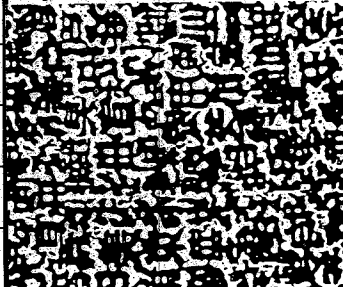
241 W. LAUREL STREET • COLTON, CA 92324

HAZARDOUS WASTE HAULER REGISTRATION # 1431

MEDICAL WASTE TRACKING DOCUMENT

GENERATOR NAME: McDonnell Douglas Co. TELEPHONE NUMBER: _____
SUITE NO. / STREET ADDRESS: _____ CITY: Irwindale

DATE: 4-14-1994 TIME OF WASTE REMOVAL: 12:10 GENERATOR SITE: _____ TCI DRIVER: Chase

ITEM	CONTAINER SERIAL NO.	COLUMN "A" WEIGHT	COLUMN "B" NET WT/LBS.	WASTE LEGEND	TRACKING INFORMATION
1	<u>Waste</u>			B <input type="checkbox"/> P S <input type="checkbox"/> R C <input type="checkbox"/>	<p>Legend-Type of Medical Waste B - Biohazardous Waste (Red Bag and Sharps Waste) S - Sharps Waste Only C - Chemotherapy Waste (Trace) P - Path (Human Tissues) Waste R - Other/Special - See Remarks</p> <p>NOTE: Weight shown in Column "A" are reasonable estimates only, used for waste tracking document requirements, and can- not be used for invoicing purposes.</p> <p>NOTE: Weight shown in Column "B" is ex- act weight of waste (less tare weight of rigid container), can be used for invoicing purposes. Weights are taken and determined at the T.C.I. Facility by a certified deputy weighmaster on weighmaster certified/permitted scales.</p> 
2				B <input type="checkbox"/> P S <input type="checkbox"/> R C <input type="checkbox"/>	
3				B <input type="checkbox"/> P S <input type="checkbox"/> R C <input type="checkbox"/>	
4				B <input type="checkbox"/> P S <input type="checkbox"/> R C <input type="checkbox"/>	
5				B <input type="checkbox"/> P S <input type="checkbox"/> R C <input type="checkbox"/>	
6				B <input type="checkbox"/> P S <input type="checkbox"/> R C <input type="checkbox"/>	
7				B <input type="checkbox"/> P S <input type="checkbox"/> R C <input type="checkbox"/>	
8				B <input type="checkbox"/> P S <input type="checkbox"/> R C <input type="checkbox"/>	
9				B <input type="checkbox"/> P S <input type="checkbox"/> R C <input type="checkbox"/>	
10				B <input type="checkbox"/> P S <input type="checkbox"/> R C <input type="checkbox"/>	
11				B <input type="checkbox"/> P S <input type="checkbox"/> R C <input type="checkbox"/>	
12				B <input type="checkbox"/> P S <input type="checkbox"/> R C <input type="checkbox"/>	

REMARKS	EMPTY CONTAINERS	QTY
	EXCHANGED @ PICKUP	
	GENERATOR SIGNATURE	DATE <u>4-14-94</u>
	WEIGHMASTER SIGNATURE	DATE
	T.C.I. FACILITY AUTHORIZED AGENT	DATE
NO. 46323 (DATE WASTE WAS RECEIVED BY TREATMENT FACILITY)		

MEDICAL WASTE TREATMENT BY
MEDICAL WASTE TSD FACILITY • THERMAL COMBUSTION INNOVATORS INC.
241 WEST LAUREL ST., COLTON, CA 92324 • EPA NO. CAD 981433873
WEIGHMASTER LICENSE NO. 6843
CERTIFICATION OF MEDICAL WASTE TREATMENT/DISPOSAL
GENERATORS-COPY



**TCI MEDICAL WASTE
DISPOSAL SERVICE**
"EXCELLENCE IN WASTE DISPOSAL"

(909) 370-0730 FAX (909) 370-0163

241 W. LAUREL STREET • COLTON, CA 92324

HAZARDOUS WASTE HAULER REGISTRATION # 1431

MEDICAL WASTE TRACKING DOCUMENT

GENERATOR NAME McDonnell Douglas TELEPHONE NUMBER _____
SUITE NO. / STREET ADDRESS _____ CITY Yorba Linda

DATE 4-11-1994 TIME OF WASTE REMOVAL - GENERATOR SITE 10:22 TCI DRIVER Chase

ITEM	CONTAINER SERIAL NO.	COLUMN "A" WEIGHT	COLUMN "B" NET WT/LBS.	WASTE LEGEND	TRACKING INFORMATION
1	<u>not used</u>			<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	Legend-Type of Medical Waste B - Biohazardous Waste (Red Bag and Sharps Waste) S - Sharps Waste Only C - Chemotherapy Waste (Trace) P - Path (Human Tissues) Waste R - Other/Special - See Remarks
2				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	NOTE: Weight shown in Column "A" are reasonable estimates only, used for waste tracking document requirements, and can- not be used for invoicing purposes. NOTE: Weight shown in Column "B" is ex- act weight of waste (less tare weight of rigid container), can be used for invoicing purposes. Weights are taken and determined at the T.C.I. Facility by a certified deputy weighmaster on weighmaster certified/permited scales.
3				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
4				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
5				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
6				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
7				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
8				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
9				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
10				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
11				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
12				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	

REMARKS

EMPTY CONTAINERS

QTY

EXCHANGED @ PICKUP

GENERATOR SIGNATURE

DATE

WEIGHMASTER SIGNATURE

DATE

T.C.I. FACILITY AUTHORIZED AGENT

DATE

NO. **45924**

(DATE WASTE WAS RECEIVED BY TREATMENT FACILITY)

MEDICAL WASTE TREATMENT BY
MEDICAL WASTE TSD FACILITY • THERMAL COMBUSTION INNOVATORS INC.
241 WEST LAUREL ST., COLTON, CA 92324 • EPA NO. CAD 981433873
WEIGHMASTER LICENSE NO. 6843

CERTIFICATION OF MEDICAL WASTE TREATMENT/DISPOSAL
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TCI MEDICAL WASTE DISPOSAL SERVICE

"EXCELLENCE IN WASTE DISPOSAL"

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241 W. LAUREL STREET • COLTON, CA 92324

HAZARDOUS WASTE HAULER REGISTRATION # 1431

MEDICAL WASTE TRACKING DOCUMENT

GENERATOR NAME McDonnell Douglas Co. TELEPHONE NUMBER ()
SUITE NO. / STREET ADDRESS TORRANCE CITY ()

DATE 7-8-93 TIME OF WASTE REMOVAL - GENERATOR SITE 9:32 TCI DRIVER EL/580

ITEM	CONTAINER SERIAL NO.	COLUMN "A" WEIGHT	COLUMN "B" NET WT/LBS.	WASTE LEGEND	TRACKING INFORMATION
1	<u>NO WASTE</u>			<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	Legend — Type of Medical Waste B - Biohazardous Waste (Red Bag and Sharps Waste) S - Sharps Waste Only C - Chemotherapy Waste (Trace) P - Path (Human Tissues) Waste R - Other/Special - See Remarks
2				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	NOTE: Weight shown in Column "A" are reasonable estimates only, used for waste tracking document requirements, and can- not be used for invoicing purposes. NOTE: Weight shown in Column "B" is ex- act weight of waste (less tare weight of rigid container), can be used for invoicing purposes. Weights are taken and determined at the T.C.I. Facility by a certified deputy weighmaster on weighmaster certified/permitted scales.
3				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
4				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
5				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
6				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
7				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
8				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
9				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
10				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
11				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
12				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	

REMARKS

EMPTY CONTAINERS

QTY

EXCHANGED @ PICKUP

GENERATOR SIGNATURE

DATE

WEIGHMASTER SIGNATURE

DATE

T.C.I. FACILITY AUTHORIZED AGENT

DATE

NO. **16765**

(DATE WASTE WAS RECEIVED BY TREATMENT FACILITY)

MEDICAL WASTE TREATMENT BY
MEDICAL WASTE TSD FACILITY • THERMAL COMBUSTION INNOVATORS INC.
241 WEST LAUREL ST., COLTON, CA 92324 • EPA NO. CAD 981433873
WEIGHMASTER LICENSE NO. 6843

CERTIFICATION OF MEDICAL WASTE TREATMENT / DISPOSAL
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TCI MEDICAL WASTE DISPOSAL SERVICE

"EXCELLENCE IN WASTE DISPOSAL"

(909) 370-0730 FAX (909) 370-0163

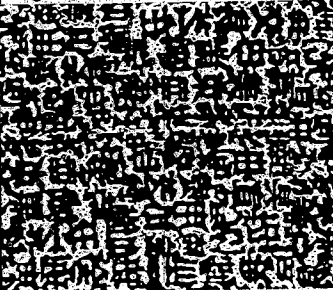
241 WEST LAUREL STREET • COLTON, CA 92324

HAZARDOUS WASTE HAULER REGISTRATION # 1431

MEDICAL WASTE TRACKING DOCUMENT

GENERATOR NAME McDonnell Douglas TELEPHONE NUMBER ()
SUITE NO. / STREET ADDRESS TORRANCE CITY ()

DATE 7-12-93 TIME OF WASTE REMOVAL - GENERATOR SITE 9:07 TCI DRIVER E11550

ITEM	CONTAINER SERIAL NO.	COLUMN "A" WEIGHT	COLUMN "B" NET WT./LBS.	WASTE LEGEND	TRACKING INFORMATION
1	1357	4		<input checked="" type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	Legend — Type of Medical Waste B - Biohazardous Waste (Red Bag and Sharps Waste) S - Sharps Waste Only C - Chemotherapy Waste (Trace) P - Path (Human Tissues) Waste R - Other/Special - See Remarks
2				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	<p>NOTE: Weight shown in Column "A" are reasonable estimates only, used for waste tracking document requirements, and cannot be used for invoicing purposes.</p> <p>NOTE: Weight shown in Column "B" is exact weight of waste (less tare weight of rigid container), can be used for invoicing purposes. Weights are taken and determined at the T.C.I. Facility by a certified deputy weighmaster on weighmaster certified/permitted scales.</p> 
3				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
4				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
5				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
6				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
7				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
8				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
9				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
10				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
11				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
12				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	

REMARKS

EMPTY CONTAINERS

QTY

EXCHANGED @ PICKUP

GENERATOR SIGNATURE

DATE

WEIGHMASTER SIGNATURE

DATE

T.C.I. FACILITY AUTHORIZED AGENT

DATE

(DATE WASTE WAS RECEIVED BY TREATMENT FACILITY)

NO. **17409**

MEDICAL WASTE TREATMENT BY

MEDICAL WASTE TSD FACILITY • THERMAL COMBUSTION INNOVATORS INC.

241 WEST LAUREL ST. COLTON, CA 92324 • EPA NO. CAD 981433873

WEIGHMASTER LICENSE NO. 6843

CERTIFICATION OF MEDICAL WASTE TREATMENT / DISPOSAL
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**TCI MEDICAL WASTE
DISPOSAL SERVICE**
"EXCELLENCE IN WASTE DISPOSAL"

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241 W. LAUREL STREET • COLTON, CA 92324

HAZARDOUS WASTE HAULER REGISTRATION # 1431

MEDICAL WASTE TRACKING DOCUMENT

GENERATOR NAME McDonnell Douglas Co. TELEPHONE NUMBER _____
SUITE NO. / STREET ADDRESS _____ CITY _____

DATE 7-15-93 TIME OF WASTE REMOVAL - GENERATOR SITE 9:49 TCI DRIVER ELISEO

ITEM	CONTAINER SERIAL NO.	COLUMN "A" WEIGHT	COLUMN "B" NET WT/LBS.	WASTE LEGEND	TRACKING INFORMATION
1	<u>NO WASTE</u>			<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	<p>Legend — Type of Medical Waste B - Biohazardous Waste (Red Bag and Sharps Waste) S - Sharps Waste Only C - Chemotherapy Waste (Trace) P - Path (Human Tissues) Waste R - Other/Special - See Remarks</p> <p>NOTE: Weight shown in Column "A" are reasonable estimates only, used for waste tracking document requirements, and can- not be used for invoicing purposes.</p> <p>NOTE: Weight shown in Column "B" is ex- act weight of waste (less tare weight of rigid container), can be used for invoicing purposes. Weights are taken and determined at the T.C.I. Facility by a certified deputy weighmaster on weighmaster certified/permitted scales.</p> 
2				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
3				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
4				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
5				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
6				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
7				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
8				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
9				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
11				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
12				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	

REMARKS

EMPTY CONTAINERS

QTY

EXCHANGED @ PICKUP

GENERATOR SIGNATURE

DATE

WEIGHMASTER SIGNATURE

DATE

T.C.I. FACILITY AUTHORIZED AGENT

DATE

NO. **17710**

(DATE WASTE WAS RECEIVED BY TREATMENT FACILITY)

MEDICAL WASTE TREATMENT BY

MEDICAL WASTE TSD FACILITY • THERMAL COMBUSTION INNOVATORS INC.

241 WEST LAUREL ST., COLTON, CA 92324 • EPA NO. CAD 981433873

WEIGHMASTER LICENSE NO. 6843

CERTIFICATION OF MEDICAL WASTE TREATMENT / DISPOSAL
GENERATORS - COPY



**TCI MEDICAL WASTE
DISPOSAL SERVICE**
"EXCELLENCE IN WASTE DISPOSAL"

(909) 370-0730 FAX (909) 370-0163


241 W. LAUREL STREET • COLTON, CA 92324

HAZARDOUS WASTE HAULER REGISTRATION # 1431

MEDICAL WASTE TRACKING DOCUMENT

GENERATOR NAME McDonnell Douglas TELEPHONE NUMBER _____
SUITE NO. / STREET ADDRESS _____ CITY _____

DATE 7-19-93 TIME OF WASTE REMOVAL - GENERATOR SITE 8:35 TCI DRIVER 871580

ITEM	CONTAINER SERIAL NO.	COLUMN "A" WEIGHT	COLUMN "B" NET WT/LBS.	WASTE LEGEND	TRACKING INFORMATION
1	<u>NO WASTE</u>			<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	<p>Legend — Type of Medical Waste B - Biohazardous Waste (Red Bag and Sharps Waste) S - Sharps Waste Only C - Chemotherapy Waste (Trace) P - Path (Human Tissues) Waste R - Other/Special - See Remarks</p> <p>NOTE: Weight shown in Column "A" are reasonable estimates only, used for waste tracking document requirements, and cannot be used for invoicing purposes.</p> <p>NOTE: Weight shown in Column "B" is exact weight of waste (less tare weight of rigid container), can be used for invoicing purposes. Weights are taken and determined at the T.C.I. Facility by a certified deputy weighmaster on weighmaster certified/permited scales.</p> 
2				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
3				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
4				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
5				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
6				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
7				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
8				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
9				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
11				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
12				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	

REMARKS _____

EMPTY CONTAINERS _____ QTY _____

EXCHANGED @ PICKUP _____

GENERATOR SIGNATURE _____ DATE 7-19-93

WEIGHMASTER SIGNATURE _____ DATE _____

T.C.I. FACILITY AUTHORIZED AGENT _____ DATE _____

(DATE WASTE WAS RECEIVED BY TREATMENT FACILITY) _____

NO. **17733**

MEDICAL WASTE TREATMENT BY
MEDICAL WASTE TSD FACILITY • THERMAL COMBUSTION INNOVATORS INC.
241 WEST LAUREL ST., COLTON, CA 92324 • EPA NO. CAD 981433873
WEIGHMASTER LICENSE NO. 6843
CERTIFICATION OF MEDICAL WASTE TREATMENT / DISPOSAL
GENERATORS - COPY



**TCI MEDICAL WASTE
DISPOSAL SERVICE**
"EXCELLENCE IN WASTE DISPOSAL"

(909) 370-0730 FAX (909) 370-0163

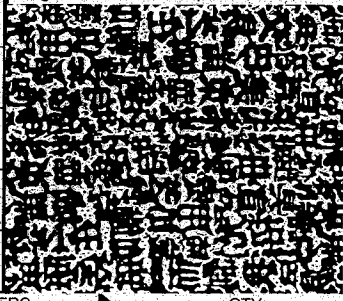
241 W. LAUREL STREET • COLTON, CA 92324

HAZARDOUS WASTE HAULER REGISTRATION # 1431

MEDICAL WASTE TRACKING DOCUMENT

GENERATOR NAME McDonnell Douglas Co. TELEPHONE NUMBER _____
SUITE NO. / STREET ADDRESS Torrance CITY ()

DATE 7-22-93 TIME OF WASTE REMOVAL - GENERATOR SITE 9:33 TCI DRIVER Elis

ITEM	CONTAINER SERIAL NO.	COLUMN "A" WEIGHT	COLUMN "B" NET WT/LBS.	WASTE LEGEND	TRACKING INFORMATION
1	<u>NO WASTE</u>			<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	<p>Legend — Type of Medical Waste B - Biohazardous Waste (Red Bag and Sharps Waste) S - Sharps Waste Only C - Chemotherapy Waste (Trace) P - Path (Human Tissues) Waste R - Other/Special - See Remarks</p> <p>NOTE: Weight shown in Column "A" are reasonable estimates only, used for waste tracking document requirements, and can- not be used for invoicing purposes.</p> <p>NOTE: Weight shown in Column "B" is ex- act weight of waste (less tare weight of rigid container), can be used for invoicing purposes. Weights are taken and determined at the T.C.I. Facility by a certified deputy weighmaster on weighmaster certified/permitted scales.</p> 
2				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
3				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
4				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
5				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
6				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
7				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
8				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
9				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
11				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
12				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	

REMARKS

EMPTY CONTAINERS

QTY

EXCHANGED @ PICKUP

GENERATOR SIGNATURE

DATE

WEIGHMASTER SIGNATURE

DATE 7-22-93

T.C.I. FACILITY AUTHORIZED AGENT

DATE

NO. **18332**

(DATE WASTE WAS RECEIVED BY TREATMENT FACILITY)

MEDICAL WASTE TREATMENT BY

MEDICAL WASTE TSD FACILITY • THERMAL COMBUSTION INNOVATORS INC.

241 WEST LAUREL ST., COLTON, CA 92324 • EPA NO. CAD 981433873

WEIGHMASTER LICENSE NO. 6843

CERTIFICATION OF MEDICAL WASTE TREATMENT / DISPOSAL

GENERATORS - COPY



**TCI MEDICAL WASTE
DISPOSAL SERVICE**
"EXCELLENCE IN WASTE DISPOSAL"

(909) 370-0730 FAX (909) 370-0163


241 W. LAUREL STREET • COLTON, CA 92324


HAZARDOUS WASTE HAULER REGISTRATION # 1431

MEDICAL WASTE TRACKING DOCUMENT

GENERATOR NAME McDonnell Douglas TELEPHONE NUMBER ()
SUITE NO. / STREET ADDRESS TORRANCE CITY

DATE 7-26-93 TIME OF WASTE REMOVAL - GENERATOR SITE 8:39 TCI DRIVER E11510

ITEM	CONTAINER SERIAL NO.	COLUMN "A" WEIGHT	COLUMN "B" NET WT/LBS.	WASTE LEGEND	TRACKING INFORMATION
1	<u>NO WASTE</u>			<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	Legend — Type of Medical Waste B - Biohazardous Waste (Red Bag and Sharps Waste) S - Sharps Waste Only C - Chemotherapy Waste (Trace) P - Path (Human Tissues) Waste R - Other/Special - See Remarks
2				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	NOTE: Weight shown in Column "A" are reasonable estimates only, used for waste tracking document requirements, and can- not be used for invoicing purposes.
3				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
4				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	NOTE: Weight shown in Column "B" is ex- act weight of waste (less tare weight of rigid container), can be used for invoicing purposes. Weights are taken and determined at the T.C.I. Facility by a certified deputy weighmaster on weighmaster certified/permitted scales.
5				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
6				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
7				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
8				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
9				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
10				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
11				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
12				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	

REMARKS _____ EMPTY CONTAINERS _____ QTY _____
EXCHANGED @ PICKUP 
GENERATOR SIGNATURE _____ DATE 7-26-93
WEIGHMASTER SIGNATURE _____ DATE _____
TCI FACILITY AUTHORIZED AGENT _____ DATE _____
NO. **18679** (DATE WASTE WAS RECEIVED BY TREATMENT FACILITY) _____

MEDICAL WASTE TREATMENT BY
MEDICAL WASTE TSD FACILITY • THERMAL COMBUSTION INNOVATORS INC.
241 WEST LAUREL ST., COLTON, CA 92324 • EPA NO. CAD 981433873
WEIGHMASTER LICENSE NO. 6843
CERTIFICATION OF MEDICAL WASTE TREATMENT / DISPOSAL
GENERATORS - COPY



TCI MEDICAL WASTE DISPOSAL SERVICE

"EXCELLENCE IN WASTE DISPOSAL"

(909) 370-0730 FAX (909) 370-0163

241 W. LAUREL STREET • COLTON, CA 92324

HAZARDOUS WASTE HAULER REGISTRATION # 1431

MEDICAL WASTE TRACKING DOCUMENT



GENERATOR NAME

McDonnell Douglas Co

SUITE NO. / STREET ADDRESS

TELEPHONE NUMBER

CITY

TORRANCE

DATE


TIME OF WASTE REMOVAL - GENERATOR SITE

TCI DRIVER

7-24-93

9:53

ELISEO

ITEM	CONTAINER SERIAL NO.	COLUMN "A" WEIGHT	COLUMN "B" NET WT/LBS.	WASTE LEGEND	TRACKING INFORMATION
1	<i>NO WASTE</i>			<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	Legend — Type of Medical Waste B - Biohazardous Waste (Red Bag and Sharps Waste) S - Sharps Waste Only C - Chemotherapy Waste (Trace) P - Path (Human Tissues) Waste R - Other/Special - See Remarks
2				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	NOTE: Weight shown in Column "A" are reasonable estimates only, used for waste tracking document requirements, and can- not be used for invoicing purposes.
3				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
4				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	NOTE: Weight shown in Column "B" is ex- act weight of waste (less tare weight of rigid container), can be used for invoicing purposes. Weights are taken and determined at the T.C.I. Facility by a certified deputy weighmaster on weighmaster certified/permitted scales.
5				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
6				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
7				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
8				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
9				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
10				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
11				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
12				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	

REMARKS

EMPTY CONTAINERS

QTY

EXCHANGED @ PICKUP

GENERATOR SIGNATURE

DATE

WEIGHMASTER SIGNATURE

DATE

T.C.I. FACILITY AUTHORIZED AGENT

DATE

NO. **18878**

(DATE WASTE WAS RECEIVED BY TREATMENT FACILITY)

MEDICAL WASTE TREATMENT BY

MEDICAL WASTE TSD FACILITY • THERMAL COMBUSTION INNOVATORS INC.

241 WEST LAUREL ST., COLTON, CA 92324 • EPA NO. CAD 981433873

WEIGHMASTER LICENSE NO. 6843

CERTIFICATION OF MEDICAL WASTE TREATMENT/DISPOSAL

GENERATORS - COPY



**TCI MEDICAL WASTE
DISPOSAL SERVICE**
"EXCELLENCE IN WASTE DISPOSAL"

(909) 370-0730 FAX (909) 370-0163


241 W. LAUREL STREET • COLTON, CA 92324

HAZARDOUS WASTE HAULER REGISTRATION # 1431

MEDICAL WASTE TRACKING DOCUMENT

GENERATOR NAME: McDonnell Douglas TELEPHONE NUMBER: _____
SUITE NO. / STREET ADDRESS: TORRANCE CITY: _____

DATE: 8-2-93 TIME OF WASTE REMOVAL - GENERATOR SITE: _____ TCI DRIVER: ELISEO

ITEM	CONTAINER SERIAL NO.	COLUMN "A" WEIGHT	COLUMN "B" NET WT./LBS.	WASTE LEGEND	TRACKING INFORMATION
1	<u>NO WASTE</u>			<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	Legend — Type of Medical Waste B - Biohazardous Waste (Red Bag and Sharps Waste) S - Sharps Waste Only C - Chemotherapy Waste (Trace) P - Path (Human Tissues) Waste R - Other/Special - See Remarks
2				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	NOTE: Weight shown in Column "A" are reasonable estimates only, used for waste tracking document requirements, and can- not be used for invoicing purposes.
3				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
4				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	NOTE: Weight shown in Column "B" is ex- act weight of waste (less tare weight of rigid container), can be used for invoicing purposes. Weights are taken and determined at the T.C.I. Facility by a certified deputy weighmaster on weighmaster certified/permited scales.
5				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
6				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
7				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
8				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
9				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
10				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
11				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
12				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	

REMARKS

EMPTY CONTAINERS

QTY

EXCHANGED @ PICKUP

GENERATOR SIGNATURE

DATE

WEIGHMASTER SIGNATURE

DATE

T.C.I. FACILITY AUTHORIZED AGENT

DATE

NO. **19373**

(DATE WASTE WAS RECEIVED BY TREATMENT FACILITY)

MEDICAL WASTE TREATMENT BY
MEDICAL WASTE TSD FACILITY • THERMAL COMBUSTION INNOVATORS INC.
241 WEST LAUREL ST., COLTON, CA 92324 • EPA NO. CAD 981433873
WEIGHMASTER LICENSE NO. 6843

CERTIFICATION OF MEDICAL WASTE TREATMENT / DISPOSAL
GENERATORS - COPY



**TCI MEDICAL WASTE
DISPOSAL SERVICE**
"EXCELLENCE IN WASTE DISPOSAL"

(909) 370-0730 FAX (909) 370-0163

241 W. LAUREL STREET • COLTON, CA 92324

HAZARDOUS WASTE HAULER REGISTRATION # 1431

MEDICAL WASTE TRACKING DOCUMENT

GENERATOR NAME McDonnell Douglas Co. TELEPHONE NUMBER _____
SUITE NO. / STREET ADDRESS TORRANCE CITY _____

DATE 8-5-93 TIME OF WASTE REMOVAL - GENERATOR SITE 9:34 TCI DRIVER ELI550

ITEM	CONTAINER SERIAL NO.	COLUMN "A" WEIGHT	COLUMN "B" NET WT/LBS.	WASTE LEGEND	TRACKING INFORMATION
1	1352	3		<input checked="" type="checkbox"/> B <input type="checkbox"/> S <input type="checkbox"/> C <input type="checkbox"/> P <input type="checkbox"/> R	Legend — Type of Medical Waste B - Biohazardous Waste (Red Bag and Sharps Waste) S - Sharps Waste Only C - Chemotherapy Waste (Trace) P - Path (Human Tissues) Waste R - Other/Special - See Remarks
2				<input type="checkbox"/> B <input type="checkbox"/> S <input type="checkbox"/> C <input type="checkbox"/> P <input type="checkbox"/> R	NOTE: Weight shown in Column "A" are reasonable estimates only, used for waste tracking document requirements, and cannot be used for invoicing purposes. NOTE: Weight shown in Column "B" is exact weight of waste (less tare weight of rigid container), can be used for invoicing purposes. Weights are taken and determined at the T.C.I. Facility by a certified deputy weighmaster on weighmaster certified/permited scales.
3				<input type="checkbox"/> B <input type="checkbox"/> S <input type="checkbox"/> C <input type="checkbox"/> P <input type="checkbox"/> R	
4				<input type="checkbox"/> B <input type="checkbox"/> S <input type="checkbox"/> C <input type="checkbox"/> P <input type="checkbox"/> R	
5				<input type="checkbox"/> B <input type="checkbox"/> S <input type="checkbox"/> C <input type="checkbox"/> P <input type="checkbox"/> R	
6				<input type="checkbox"/> B <input type="checkbox"/> S <input type="checkbox"/> C <input type="checkbox"/> P <input type="checkbox"/> R	
7				<input type="checkbox"/> B <input type="checkbox"/> S <input type="checkbox"/> C <input type="checkbox"/> P <input type="checkbox"/> R	
8				<input type="checkbox"/> B <input type="checkbox"/> S <input type="checkbox"/> C <input type="checkbox"/> P <input type="checkbox"/> R	
9				<input type="checkbox"/> B <input type="checkbox"/> S <input type="checkbox"/> C <input type="checkbox"/> P <input type="checkbox"/> R	
				<input type="checkbox"/> B <input type="checkbox"/> S <input type="checkbox"/> C <input type="checkbox"/> P <input type="checkbox"/> R	
11				<input type="checkbox"/> B <input type="checkbox"/> S <input type="checkbox"/> C <input type="checkbox"/> P <input type="checkbox"/> R	
12				<input type="checkbox"/> B <input type="checkbox"/> S <input type="checkbox"/> C <input type="checkbox"/> P <input type="checkbox"/> R	

REMARKS _____

EMPTY CONTAINERS _____ QTY _____

EXCHANGED @ PICKUP _____

GENERATOR SIGNATURE X DATE 8-5-93

WEIGHMASTER SIGNATURE _____ DATE _____

T.C.I. FACILITY AUTHORIZED AGENT _____ DATE _____

NO. **19475** (DATE WASTE WAS RECEIVED BY TREATMENT FACILITY) _____

MEDICAL WASTE TREATMENT BY
MEDICAL WASTE TSD FACILITY • THERMAL COMBUSTION INNOVATORS INC.
241 WEST LAUREL ST., COLTON, CA 92324 • EPA NO. CAD 981433873
WEIGHMASTER LICENSE NO. 6843

CERTIFICATION OF MEDICAL WASTE TREATMENT / DISPOSAL
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DISPOSAL SERVICE**
"EXCELLENCE IN WASTE DISPOSAL"

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241 W. LAUREL STREET • COLTON, CA 92324


HAZARDOUS WASTE HAULER REGISTRATION # 1431

MEDICAL WASTE TRACKING DOCUMENT

GENERATOR NAME: McDonnell Douglas TELEPHONE NUMBER: _____

SUITE NO. / STREET ADDRESS: TORRANCE CITY: TORRANCE

DATE: 8-9-93 TIME OF WASTE REMOVAL - GENERATOR SITE: 9:22 TCI DRIVER: ELISEO

ITEM	CONTAINER SERIAL NO.	COLUMN "A" WEIGHT	COLUMN "B" NET WT/LBS.	WASTE LEGEND	TRACKING INFORMATION
1	<u>NO WASTE</u>			<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	<p>Legend — Type of Medical Waste B - Biohazardous Waste (Red Bag and Sharps Waste) S - Sharps Waste Only C - Chemotherapy Waste (Trace) P - Path (Human Tissues) Waste R - Other/Special - See Remarks</p> <p>NOTE: Weight shown in Column "A" are reasonable estimates only, used for waste tracking document requirements, and cannot be used for invoicing purposes.</p> <p>NOTE: Weight shown in Column "B" is exact weight of waste (less tare weight of rigid container), can be used for invoicing purposes. Weights are taken and determined at the T.C.I. Facility by a certified deputy weighmaster on weighmaster certified/permitted scales.</p> 
2				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
3				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
4				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
5				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
6				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
7				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
8				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
9				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
10				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
11				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
12				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	

REMARKS

EMPTY CONTAINERS

QTY

EXCHANGED @ PICKUP

GENERATOR SIGNATURE

DATE

WEIGHMASTER SIGNATURE

DATE

T.C.I. FACILITY AUTHORIZED AGENT

DATE

NO. **20076**

(DATE WASTE WAS RECEIVED BY TREATMENT FACILITY)

MEDICAL WASTE TREATMENT BY

MEDICAL WASTE TSD FACILITY • THERMAL COMBUSTION INNOVATORS INC.

241 WEST LAUREL ST., COLTON, CA 92324 • EPA NO. CAD 981433873

WEIGHMASTER LICENSE NO. 6843

CERTIFICATION OF MEDICAL WASTE TREATMENT / DISPOSAL
GENERATORS - COPY



**TCI MEDICAL WASTE
DISPOSAL SERVICE**
"EXCELLENCE IN WASTE DISPOSAL"

(909) 370-0730 FAX (909) 370-0163

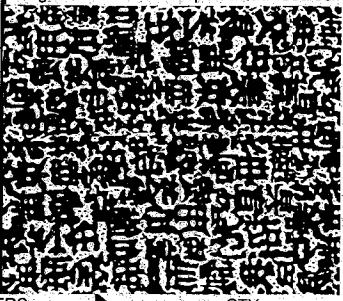
241 W. LAUREL STREET • COLTON, CA 92324

HAZARDOUS WASTE HAULER REGISTRATION # 1431

MEDICAL WASTE TRACKING DOCUMENT

GENERATOR NAME: McDonnell Douglas Co. TELEPHONE NUMBER: _____
SUITE NO. / STREET ADDRESS: 10RRANCE CITY: _____

DATE: 8-12-93 TIME OF WASTE REMOVAL - GENERATOR SITE: 9:37 TCI DRIVER: ELISSA

ITEM	CONTAINER SERIAL NO.	COLUMN "A" WEIGHT	COLUMN "B" NET WT/LBS.	WASTE LEGEND	TRACKING INFORMATION
1	<u>NO WASTE</u>			<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	<p>Legend — Type of Medical Waste B - Biohazardous Waste (Red Bag and Sharps Waste) S - Sharps Waste Only C - Chemotherapy Waste (Trace) P - Path (Human Tissues) Waste R - Other/Special - See Remarks</p> <p>NOTE: Weight shown in Column "A" are reasonable estimates only, used for waste tracking document requirements, and cannot be used for invoicing purposes.</p> <p>NOTE: Weight shown in Column "B" is exact weight of waste (less tare weight of rigid container), can be used for invoicing purposes. Weights are taken and determined at the T.C.I. Facility by a certified deputy weighmaster on weighmaster certified/permitted scales.</p> 
2				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
3				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
4				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
5				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
6				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
7				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
8				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
9				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
10				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
11				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
12				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	

REMARKS: _____

EMPTY CONTAINERS: _____ QTY: _____

EXCHANGED @ PICKUP: ☒

GENERATOR SIGNATURE: _____ DATE: 8-12-93

WEIGHMASTER SIGNATURE: _____ DATE: _____

T.C.I. FACILITY AUTHORIZED AGENT: _____ DATE: _____

NO. 20584 (DATE WASTE WAS RECEIVED BY TREATMENT FACILITY): _____

MEDICAL WASTE TREATMENT BY
MEDICAL WASTE TSD FACILITY • THERMAL COMBUSTION INNOVATORS INC.
241 WEST LAUREL ST., COLTON, CA 92324 • EPA NO. CAD 981433873
WEIGHMASTER LICENSE NO. 6843
CERTIFICATION OF MEDICAL WASTE TREATMENT / DISPOSAL
GENERATORS - COPY



**TCI MEDICAL WASTE
DISPOSAL SERVICE**
"EXCELLENCE IN WASTE DISPOSAL"

(909) 370-0730 FAX (909) 370-0163

241 W. LAUREL STREET • COLTON, CA 92324

HAZARDOUS WASTE HAULER REGISTRATION # 1431

MEDICAL WASTE TRACKING DOCUMENT

GENERATOR NAME McDonnell Douglas TELEPHONE NUMBER _____
SUITE NO. / STREET ADDRESS Torrance CITY _____

DATE 8-16-93 TIME OF WASTE REMOVAL - GENERATOR SITE 12:40 TCI DRIVER Eliseo

ITEM	CONTAINER SERIAL NO.	COLUMN "A" WEIGHT	COLUMN "B" NET WT/LBS.	WASTE LEGEND	TRACKING INFORMATION
1	1352	5		<input checked="" type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	Legend — Type of Medical Waste B - Biohazardous Waste (Red Bag and Sharps Waste) S - Sharps Waste Only C - Chemotherapy Waste (Trace) P - Path (Human Tissues) Waste R - Other/Special - See Remarks
2				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	NOTE: Weight shown in Column "A" are reasonable estimates only, used for waste tracking document requirements, and can- not be used for invoicing purposes.
3				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
4				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	NOTE: Weight shown in Column "B" is ex- act weight of waste (less tare weight of rigid container); can be used for invoicing purposes. Weights are taken and determined at the T.C.I. Facility by a certified deputy weighmaster on weighmaster certified/permitted scales.
5				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
6				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
7				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
8				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
9				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
10				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
11				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
12				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	

REMARKS

EMPTY CONTAINERS

QTY

EXCHANGED @ PICKUP

GENERATOR SIGNATURE

DATE

WEIGHMASTER SIGNATURE

DATE

T.C.I. FACILITY AUTHORIZED AGENT

DATE

NO. **20834**

(DATE WASTE WAS RECEIVED BY TREATMENT FACILITY)

MEDICAL WASTE TREATMENT BY
MEDICAL WASTE TSD FACILITY • THERMAL COMBUSTION INNOVATORS INC.
241 WEST LAUREL ST., COLTON, CA 92324 • EPA NO. CAD 981433873
WEIGHMASTER LICENSE NO. 6843

CERTIFICATION OF MEDICAL WASTE TREATMENT / DISPOSAL
GENERATORS - COPY



**TCI MEDICAL WASTE
DISPOSAL SERVICE**
"EXCELLENCE IN WASTE DISPOSAL"

(909) 370-0730 FAX (909) 370-0163

241 W. LAUREL STREET • COLTON, CA 92324

HAZARDOUS WASTE HAULER REGISTRATION # 1431

MEDICAL WASTE TRACKING DOCUMENT

GENERATOR NAME

McDonnell Douglas Co.

TELEPHONE NUMBER

SUITE NO. / STREET ADDRESS

CITY


DATE

8-19-93

TIME OF WASTE REMOVAL - GENERATOR SITE

TCI DRIVER

E11550

ITEM	CONTAINER SERIAL NO.	COLUMN "A" WEIGHT	COLUMN "B" NET WT/LBS.	WASTE LEGEND	TRACKING INFORMATION
1	<i>NO WASTE</i>			<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	Legend — Type of Medical Waste B - Biohazardous Waste (Red Bag and Sharps Waste) S - Sharps Waste Only C - Chemotherapy Waste (Trace) P - Path (Human Tissues) Waste R - Other/Special - See Remarks
2				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	NOTE: Weight shown in Column "A" are reasonable estimates only, used for waste tracking document requirements, and can- not be used for invoicing purposes.
3				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
4				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	NOTE: Weight shown in Column "B" is ex- act weight of waste (less tare weight of rigid container), can be used for invoicing purposes. Weights are taken and determined at the TCI Facility by a certified deputy weighmaster on weighmaster certified/permitted scales.
5				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
6				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
7				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
8				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
9				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
10				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
11				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
12				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	

REMARKS

EMPTY CONTAINERS

QTY

EXCHANGED @ PICKUP

GENERATOR SIGNATURE

DATE

WEIGHMASTER SIGNATURE

DATE

TCI FACILITY AUTHORIZED AGENT

DATE

NO. **21076**

(DATE WASTE WAS RECEIVED BY TREATMENT FACILITY)

MEDICAL WASTE TREATMENT BY
MEDICAL WASTE TSD FACILITY • THERMAL COMBUSTION INNOVATORS INC.
241 WEST LAUREL ST., COLTON, CA 92324 • EPA NO. CAD 981433873
WEIGHMASTER LICENSE NO. 6843
CERTIFICATION OF MEDICAL WASTE TREATMENT / DISPOSAL
GENERATORS - COPY



**TCI MEDICAL WASTE
DISPOSAL SERVICE**
"EXCELLENCE IN WASTE DISPOSAL"

(909) 370-0730 FAX (909) 370-0163

241 W. LAUREL STREET • COLTON, CA 92324

HAZARDOUS WASTE HAULER REGISTRATION # 1431

MEDICAL WASTE TRACKING DOCUMENT

GENERATOR NAME

TELEPHONE NUMBER


SUITE NO. / STREET ADDRESS

CITY

DATE

TIME OF WASTE REMOVAL - GENERATOR SITE

TCI DRIVER

ITEM	CONTAINER SERIAL NO.	COLUMN "A" WEIGHT	COLUMN "B" NET WT/LBS.	WASTE LEGEND	TRACKING INFORMATION
1	NO WASTE			B <input type="checkbox"/> P S <input type="checkbox"/> R C <input type="checkbox"/>	<p>Legend — Type of Medical Waste B - Biohazardous Waste (Red Bag and Sharps Waste) S - Sharps Waste Only C - Chemotherapy Waste (Trace) P - Path (Human Tissues) Waste R - Other/Special - See Remarks</p> <p>NOTE: Weight shown in Column "A" are reasonable estimates only, used for waste tracking document requirements, and cannot be used for invoicing purposes.</p> <p>NOTE: Weight shown in Column "B" is exact weight of waste (less tare weight of rigid container), can be used for invoicing purposes. Weights are taken and determined at the T.C.I. Facility by a certified deputy weighmaster on weighmaster certified/permitted scales.</p> 
2				B <input type="checkbox"/> P S <input type="checkbox"/> R C <input type="checkbox"/>	
3				B <input type="checkbox"/> P S <input type="checkbox"/> R C <input type="checkbox"/>	
4				B <input type="checkbox"/> P S <input type="checkbox"/> R C <input type="checkbox"/>	
5				B <input type="checkbox"/> P S <input type="checkbox"/> R C <input type="checkbox"/>	
6				B <input type="checkbox"/> P S <input type="checkbox"/> R C <input type="checkbox"/>	
7				B <input type="checkbox"/> P S <input type="checkbox"/> R C <input type="checkbox"/>	
8				B <input type="checkbox"/> P S <input type="checkbox"/> R C <input type="checkbox"/>	
9				B <input type="checkbox"/> P S <input type="checkbox"/> R C <input type="checkbox"/>	
10				B <input type="checkbox"/> P S <input type="checkbox"/> R C <input type="checkbox"/>	
11				B <input type="checkbox"/> P S <input type="checkbox"/> R C <input type="checkbox"/>	
12				B <input type="checkbox"/> P S <input type="checkbox"/> R C <input type="checkbox"/>	

REMARKS

EMPTY CONTAINERS

QTY

EXCHANGED @ PICKUP

GENERATOR SIGNATURE

DATE

WEIGHMASTER SIGNATURE

DATE

T.C.I. FACILITY AUTHORIZED AGENT

DATE

(DATE WASTE WAS RECEIVED BY TREATMENT FACILITY)

NO. 21603

MEDICAL WASTE TREATMENT BY

MEDICAL WASTE TSD FACILITY • THERMAL COMBUSTION INNOVATORS INC.

241 WEST LAUREL ST., COLTON, CA 92324 • EPA NO. CAD 981433873

WEIGHMASTER LICENSE NO. 6843

CERTIFICATION OF MEDICAL WASTE TREATMENT / DISPOSAL
GENERATORS - COPY



**TCI MEDICAL WASTE
DISPOSAL SERVICE**
"EXCELLENCE IN WASTE DISPOSAL"

(909) 370-0730 FAX (909) 370-0163

241 W. LAUREL STREET • COLTON, CA 92324

HAZARDOUS WASTE HAULER REGISTRATION # 1431

MEDICAL WASTE TRACKING DOCUMENT

GENERATOR NAME

McDonnell Douglas Co.

TELEPHONE NUMBER

SUITE NO. / STREET ADDRESS

CITY

DATE


8-26-93

TIME OF WASTE REMOVAL - GENERATOR SITE

10:25

TCI DRIVER

E1580

ITEM	CONTAINER SERIAL NO.	COLUMN "A" WEIGHT	COLUMN "B" NET WT/LBS.	WASTE LEGEND	TRACKING INFORMATION
1	<i>NO WASTE</i>			<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	<p>Legend — Type of Medical Waste B - Biohazardous Waste (Red Bag and Sharps Waste) S - Sharps Waste Only C - Chemotherapy Waste (Trace) P - Path (Human Tissues) Waste R - Other/Special - See Remarks</p> <p>NOTE: Weight shown in Column "A" are reasonable estimates only, used for waste tracking document requirements, and can- not be used for invoicing purposes.</p> <p>NOTE: Weight shown in Column "B" is ex- act weight of waste (less tare weight of rigid container), can be used for invoicing purposes. Weights are taken and determined at the T.C.I. Facility by a certified deputy weighmaster on weighmaster certified/permitted scales.</p> 
2				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
3				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
4				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
5				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
6				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
7				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
8				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
9				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
11				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
12				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	

REMARKS

EMPTY CONTAINERS

EXCHANGED @ PICKUP

GENERATOR SIGNATURE

QTY

DATE

WEIGHMASTER SIGNATURE

DATE

T.C.I. FACILITY AUTHORIZED AGENT

DATE

NO. **22055**

(DATE WASTE WAS RECEIVED BY TREATMENT FACILITY)

MEDICAL WASTE TREATMENT BY

MEDICAL WASTE TSD FACILITY • THERMAL COMBUSTION INNOVATORS INC.

241 WEST LAUREL ST., COLTON, CA 92324 • EPA NO. CAD 981433873

WEIGHMASTER LICENSE NO. 6843

CERTIFICATION OF MEDICAL WASTE TREATMENT / DISPOSAL
GENERATORS - COPY



TCI MEDICAL WASTE DISPOSAL SERVICE

"EXCELLENCE IN WASTE DISPOSAL"

(909) 370-0730 FAX (909) 370-0163

241 W. LAUREL STREET • COLTON, CA 92324

HAZARDOUS WASTE HAULER REGISTRATION # 1431

MEDICAL WASTE TRACKING DOCUMENT

GENERATOR NAME

McDonnell Douglas

TELEPHONE NUMBER

SUITE NO. / STREET ADDRESS

CITY

Torrance

DATE

TIME OF WASTE REMOVAL - GENERATOR SITE

T.C.I. DRIVER

8-30-93

8:30

CHISEO

ITEM	CONTAINER SERIAL NO.	COLUMN "A" WEIGHT	COLUMN "B" NET WT/LBS.	WASTE LEGEND	TRACKING INFORMATION
1	<i>1352</i>	<i>4</i>		<input checked="" type="checkbox"/> B <input type="checkbox"/> S <input type="checkbox"/> C	Legend — Type of Medical Waste B - Biohazardous Waste (Red Bag and Sharps Waste) S - Sharps Waste Only C - Chemotherapy Waste (Trace)
2				<input type="checkbox"/> B <input type="checkbox"/> S <input type="checkbox"/> C	P - Path (Human Tissues) Waste R - Other/Special - See Remarks
3				<input type="checkbox"/> B <input type="checkbox"/> S <input type="checkbox"/> C	
4				<input type="checkbox"/> B <input type="checkbox"/> S <input type="checkbox"/> C	NOTE: Weight shown in Column "A" are reasonable estimates only, used for waste tracking document requirements, and can- not be used for invoicing purposes.
5				<input type="checkbox"/> B <input type="checkbox"/> S <input type="checkbox"/> C	
6				<input type="checkbox"/> B <input type="checkbox"/> S <input type="checkbox"/> C	NOTE: Weight shown in Column "B" is ex- act weight of waste (less tare weight of rigid container), can be used for invoicing purposes. Weights are taken and determined at the T.C.I. Facility by a certified deputy weighmaster on weighmaster certified/permited scales.
7				<input type="checkbox"/> B <input type="checkbox"/> S <input type="checkbox"/> C	
8				<input type="checkbox"/> B <input type="checkbox"/> S <input type="checkbox"/> C	
9				<input type="checkbox"/> B <input type="checkbox"/> S <input type="checkbox"/> C	
10				<input type="checkbox"/> B <input type="checkbox"/> S <input type="checkbox"/> C	
11				<input type="checkbox"/> B <input type="checkbox"/> S <input type="checkbox"/> C	
12				<input type="checkbox"/> B <input type="checkbox"/> S <input type="checkbox"/> C	

REMARKS

EMPTY CONTAINERS

QTY

EXCHANGED @ PICKUP

GENERATOR SIGNATURE

DATE

WEIGHMASTER SIGNATURE

DATE

T.C.I. FACILITY AUTHORIZED AGENT

DATE

NO. **22100**

(DATE WASTE WAS RECEIVED BY TREATMENT FACILITY)

MEDICAL WASTE TREATMENT BY

MEDICAL WASTE TSD FACILITY • THERMAL COMBUSTION INNOVATORS INC.

241 WEST LAUREL ST., COLTON, CA 92324 • EPA NO. CAD 981433873

WEIGHMASTER LICENSE NO. 6843

CERTIFICATION OF MEDICAL WASTE TREATMENT / DISPOSAL

GENERATORS - COPY



TCI MEDICAL WASTE DISPOSAL SERVICE

"EXCELLENCE IN WASTE DISPOSAL"

(909) 370-0730

FAX (909) 370-0163

241 W. LAUREL STREET • COLTON, CA 92324

HAZARDOUS WASTE HAULER REGISTRATION # 1431

MEDICAL WASTE TRACKING DOCUMENT

GENERATOR NAME

McDonnell Douglas Co.

TELEPHONE NUMBER

SUITE NO. / STREET ADDRESS

CITY

TORRANCE

DATE

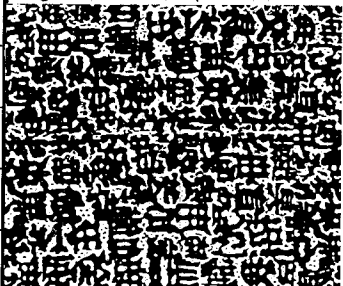
9-2-93

TIME OF WASTE REMOVAL - GENERATOR SITE

9:48

TCI DRIVER

EL1550

ITEM	CONTAINER SERIAL NO.	COLUMN "A" WEIGHT	COLUMN "B" NET WT/LBS.	WASTE LEGEND	TRACKING INFORMATION
1	<i>MD WASTE</i>			<input type="checkbox"/> B <input type="checkbox"/> S <input type="checkbox"/> C <input type="checkbox"/> P <input type="checkbox"/> R	Legend — Type of Medical Waste B - Biohazardous Waste (Red Bag and Sharps Waste) S - Sharps Waste Only C - Chemotherapy Waste (Trace) P - Path (Human Tissues) Waste R - Other/Special - See Remarks
2				<input type="checkbox"/> B <input type="checkbox"/> S <input type="checkbox"/> C <input type="checkbox"/> P <input type="checkbox"/> R	<p>NOTE: Weight shown in Column "A" are reasonable estimates only, used for waste tracking document requirements, and cannot be used for invoicing purposes.</p> <p>NOTE: Weight shown in Column "B" is exact weight of waste (less tare weight of rigid container), can be used for invoicing purposes. Weights are taken and determined at the T.C.I. Facility by a certified deputy weighmaster on weighmaster certified/permitted scales.</p> 
3				<input type="checkbox"/> B <input type="checkbox"/> S <input type="checkbox"/> C <input type="checkbox"/> P <input type="checkbox"/> R	
4				<input type="checkbox"/> B <input type="checkbox"/> S <input type="checkbox"/> C <input type="checkbox"/> P <input type="checkbox"/> R	
5				<input type="checkbox"/> B <input type="checkbox"/> S <input type="checkbox"/> C <input type="checkbox"/> P <input type="checkbox"/> R	
6				<input type="checkbox"/> B <input type="checkbox"/> S <input type="checkbox"/> C <input type="checkbox"/> P <input type="checkbox"/> R	
7				<input type="checkbox"/> B <input type="checkbox"/> S <input type="checkbox"/> C <input type="checkbox"/> P <input type="checkbox"/> R	
8				<input type="checkbox"/> B <input type="checkbox"/> S <input type="checkbox"/> C <input type="checkbox"/> P <input type="checkbox"/> R	
9				<input type="checkbox"/> B <input type="checkbox"/> S <input type="checkbox"/> C <input type="checkbox"/> P <input type="checkbox"/> R	
10				<input type="checkbox"/> B <input type="checkbox"/> S <input type="checkbox"/> C <input type="checkbox"/> P <input type="checkbox"/> R	
11				<input type="checkbox"/> B <input type="checkbox"/> S <input type="checkbox"/> C <input type="checkbox"/> P <input type="checkbox"/> R	
12				<input type="checkbox"/> B <input type="checkbox"/> S <input type="checkbox"/> C <input type="checkbox"/> P <input type="checkbox"/> R	

REMARKS

EMPTY CONTAINERS

QTY

EXCHANGED @ PICKUP

GENERATOR SIGNATURE

DATE

WEIGHMASTER SIGNATURE

DATE

T.C.I. FACILITY AUTHORIZED AGENT

DATE

NO.

22350

(DATE WASTE WAS RECEIVED BY TREATMENT FACILITY)

MEDICAL WASTE TREATMENT BY

MEDICAL WASTE TSD FACILITY • THERMAL COMBUSTION INNOVATORS INC.

241 WEST LAUREL ST., COLTON, CA 92324 • EPA NO. CAD 981433873

WEIGHMASTER LICENSE NO. 6843

CERTIFICATION OF MEDICAL WASTE TREATMENT / DISPOSAL

GENERATORS - COPY



**TCI MEDICAL WASTE
DISPOSAL SERVICE**
"EXCELLENCE IN WASTE DISPOSAL"

(909) 370-0730 FAX (909) 370-0163


241 W. LAUREL STREET • COLTON, CA 92324

HAZARDOUS WASTE HAULER REGISTRATION # 1431

MEDICAL WASTE TRACKING DOCUMENT

GENERATOR NAME McDonnell Douglas Co. TELEPHONE NUMBER _____
SUITE NO. / STREET ADDRESS TORRANCE CITY _____

DATE 9-9-95 TIME OF WASTE REMOVAL - GENERATOR SITE 10:00 TCI DRIVER ELISEO

ITEM	CONTAINER SERIAL NO.	COLUMN "A" WEIGHT	COLUMN "B" NET WT/LBS.	WASTE LEGEND	TRACKING INFORMATION
1	<u>NO WASTE</u>			B <input type="checkbox"/> P S <input type="checkbox"/> R C <input type="checkbox"/>	<p>Legend — Type of Medical Waste B - Biohazardous Waste (Red Bag and Sharps Waste) S - Sharps Waste Only C - Chemotherapy Waste (Trace) P - Path (Human Tissues) Waste R - Other/Special - See Remarks</p> <p>NOTE: Weight shown in Column "A" are reasonable estimates only, used for waste tracking document requirements, and can- not be used for invoicing purposes.</p> <p>NOTE: Weight shown in Column "B" is ex- act weight of waste (less tare weight of rigid container), can be used for invoicing purposes. Weights are taken and determined at the T.C.I. Facility by a certified deputy weighmaster on weighmaster certified/permitted scales.</p> 
2				B <input type="checkbox"/> P S <input type="checkbox"/> R C <input type="checkbox"/>	
3				B <input type="checkbox"/> P S <input type="checkbox"/> R C <input type="checkbox"/>	
4				B <input type="checkbox"/> P S <input type="checkbox"/> R C <input type="checkbox"/>	
5				B <input type="checkbox"/> P S <input type="checkbox"/> R C <input type="checkbox"/>	
6				B <input type="checkbox"/> P S <input type="checkbox"/> R C <input type="checkbox"/>	
7				B <input type="checkbox"/> P S <input type="checkbox"/> R C <input type="checkbox"/>	
8				B <input type="checkbox"/> P S <input type="checkbox"/> R C <input type="checkbox"/>	
9				B <input type="checkbox"/> P S <input type="checkbox"/> R C <input type="checkbox"/>	
10				B <input type="checkbox"/> P S <input type="checkbox"/> R C <input type="checkbox"/>	
11				B <input type="checkbox"/> P S <input type="checkbox"/> R C <input type="checkbox"/>	
12				B <input type="checkbox"/> P S <input type="checkbox"/> R C <input type="checkbox"/>	

REMARKS

EMPTY CONTAINERS

QTY

EXCHANGED @ PICKUP

GENERATOR SIGNATURE

DATE

WEIGHMASTER SIGNATURE

DATE

T.C.I. FACILITY AUTHORIZED AGENT

DATE

NO. **23243**

(DATE WASTE WAS RECEIVED BY TREATMENT FACILITY)

MEDICAL WASTE TREATMENT BY
MEDICAL WASTE TSD FACILITY • THERMAL COMBUSTION INNOVATORS INC.
241 WEST LAUREL ST., COLTON, CA 92324 • EPA NO. CAD 981433873
WEIGHMASTER LICENSE NO. 6843

CERTIFICATION OF MEDICAL WASTE TREATMENT / DISPOSAL
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DISPOSAL SERVICE**
"EXCELLENCE IN WASTE DISPOSAL"

(909) 370-0730 FAX: (909) 370-0163

241 W. LAUREL STREET • COLTON, CA 92324

HAZARDOUS WASTE HAULER REGISTRATION # 1431

MEDICAL WASTE TRACKING DOCUMENT

GENERATOR NAME

TELEPHONE NUMBER

SUITE NO. / STREET ADDRESS

CITY

DATE

TIME OF WASTE REMOVAL - GENERATOR SITE

TCI DRIVER

9-13-93

10:43

E/LEED

ITEM	CONTAINER SERIAL NO.	COLUMN "A" WEIGHT	COLUMN "B" NET WT/LBS.	WASTE LEGEND	TRACKING INFORMATION
1	3294	4		<input checked="" type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	Legend — Type of Medical Waste B - Biohazardous Waste (Red Bag and Sharps Waste) S - Sharps Waste Only C - Chemotherapy Waste (Trace) P - Path (Human Tissues) Waste R - Other/Special - See Remarks
2				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	NOTE: Weight shown in Column "A" are reasonable estimates only, used for waste tracking document requirements, and can- not be used for invoicing purposes. NOTE: Weight shown in Column "B" is ex- act weight of waste (less tare weight of rigid container), can be used for invoicing purposes. Weights are taken and determined at the T.C.I. Facility by a certified deputy weighmaster on weighmaster certified/permitted scales.
3				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
4				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
5				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
6				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
7				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
8				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
9				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
10				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
11				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
12				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	

REMARKS

EMPTY CONTAINERS

QTY

EXCHANGED @ PICKUP

GENERATOR SIGNATURE

DATE

WEIGHMASTER SIGNATURE

DATE

T.C.I. FACILITY AUTHORIZED AGENT

DATE

NO.

23782

(DATE WASTE WAS RECEIVED BY TREATMENT FACILITY)

MEDICAL WASTE TREATMENT BY
MEDICAL WASTE TSD FACILITY • THERMAL COMBUSTION INNOVATORS INC.
241 WEST LAUREL ST., COLTON, CA 92324 • EPA NO. CAD 981433873
WEIGHMASTER LICENSE NO. 6843

CERTIFICATION OF MEDICAL WASTE TREATMENT / DISPOSAL
GENERATORS - COPY



**TCI MEDICAL WASTE
DISPOSAL SERVICE**
"EXCELLENCE IN WASTE DISPOSAL"

(909) 370-0730 FAX (909) 370-0163

241 W. LAUREL STREET • COLTON, CA 92324

HAZARDOUS WASTE HAULER REGISTRATION # 1431

MEDICAL WASTE TRACKING DOCUMENT

GENERATOR NAME McDonnell Douglas Co. TELEPHONE NUMBER _____
SUITE NO. / STREET ADDRESS _____ CITY _____

DATE 9-16-93 TIME OF WASTE REMOVAL - GENERATOR SITE 9:25 TCI DRIVER ELSEA

ITEM	CONTAINER SERIAL NO.	COLUMN "A" WEIGHT	COLUMN "B" NET WT/LBS.	WASTE LEGEND	TRACKING INFORMATION
1	<u>MC WASTE</u>			<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	Legend — Type of Medical Waste B - Biohazardous Waste (Red Bag and Sharps Waste) S - Sharps Waste Only C - Chemotherapy Waste (Trace) P - Path (Human Tissues) Waste R - Other/Special - See Remarks
2				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	NOTE: Weight shown in Column "A" are reasonable estimates only, used for waste tracking document requirements, and can- not be used for invoicing purposes. NOTE: Weight shown in Column "B" is ex- act weight of waste (less tare weight of rigid container), can be used for invoicing purposes. Weights are taken and determined at the T.C.I. Facility by a certified deputy weighmaster on weighmaster certified/permitted scales.
3				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
4				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
5				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
6				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
7				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
8				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
9				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
10				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
11				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
12				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	

REMARKS

EMPTY CONTAINERS

QTY

EXCHANGED @ PICKUP

GENERATOR SIGNATURE

DATE

WEIGHMASTER SIGNATURE

DATE

T.C.I. FACILITY AUTHORIZED AGENT

DATE

NO. **23838**

(DATE WASTE WAS RECEIVED BY TREATMENT FACILITY)

MEDICAL WASTE TREATMENT BY
MEDICAL WASTE TSD FACILITY • THERMAL COMBUSTION INNOVATORS INC.
241 WEST LAUREL ST., COLTON, CA 92324 • EPA NO. CAD 981433873
WEIGHMASTER LICENSE NO. 6843

CERTIFICATION OF MEDICAL WASTE TREATMENT / DISPOSAL
GENERATORS - COPY



TCI MEDICAL WASTE DISPOSAL SERVICE

"EXCELLENCE IN WASTE DISPOSAL"

(909) 370-0730 FAX (909) 370-0163


241 W. LAUREL STREET • COLTON, CA 92324

HAZARDOUS WASTE HAULER REGISTRATION # 1431

MEDICAL WASTE TRACKING DOCUMENT

GENERATOR NAME Medonell Douglas TELEPHONE NUMBER _____
SUITE NO. / STREET ADDRESS Terrence CITY _____

DATE 9-20-1993 TIME OF WASTE REMOVAL 8:56 GENERATOR SITE _____ TCI DRIVER E11590

ITEM	CONTAINER SERIAL NO.	COLUMN "A" WEIGHT	COLUMN "B" NET WT/LBS.	WASTE LEGEND	TRACKING INFORMATION
1	2492	7		<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	Legend — Type of Medical Waste B - Biohazardous Waste (Red Bag and Sharps Waste) S - Sharps Waste Only C - Chemotherapy Waste (Trace) P - Path (Human Tissues) Waste R - Other/Special - See Remarks
2				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	NOTE: Weight shown in Column "A" are reasonable estimates only, used for waste tracking document requirements, and can- not be used for invoicing purposes.
3				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
4				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	NOTE: Weight shown in Column "B" is ex- act weight of waste (less tare weight of rigid container), can be used for invoicing purposes. Weights are taken and determined at the T.C.I. Facility by a certified deputy weighmaster on weighmaster certified/permitted scales.
5				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
6				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
7				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
8				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
9				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
11				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
12				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	

REMARKS

EMPTY CONTAINERS

QTY

EXCHANGED @ PICKUP

GENERATOR SIGNATURE

DATE

WEIGHMASTER SIGNATURE

DATE

T.C.I. FACILITY AUTHORIZED AGENT

DATE

NO. **24384**

(DATE WASTE WAS RECEIVED BY TREATMENT FACILITY)

MEDICAL WASTE TREATMENT BY

MEDICAL WASTE TSD FACILITY • THERMAL COMBUSTION INNOVATORS INC.

241 WEST LAUREL ST., COLTON, CA 92324 • EPA NO. CAD 981433873

WEIGHMASTER LICENSE NO. 6843

CERTIFICATION OF MEDICAL WASTE TREATMENT / DISPOSAL

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TCI MEDICAL WASTE DISPOSAL SERVICE

"EXCELLENCE IN WASTE DISPOSAL"

(909) 370-0730 FAX (909) 370-0163


241 W. LAUREL STREET • COLTON, CA 92324

HAZARDOUS WASTE HAULER REGISTRATION # 1431

MEDICAL WASTE TRACKING DOCUMENT

GENERATOR NAME Therapeutic Design, Inc. TELEPHONE NUMBER _____
SUITE NO. / STREET ADDRESS _____ CITY _____

DATE 4-23-93 TIME OF WASTE REMOVAL 9:55 GENERATOR SITE _____ TCI DRIVER _____

ITEM	CONTAINER SERIAL NO.	COLUMN "A" WEIGHT	COLUMN "B" NET WT/LBS.	WASTE LEGEND	TRACKING INFORMATION
1	NO WASTE			B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C <input type="checkbox"/>	<p>Legend — Type of Medical Waste B - Biohazardous Waste (Red Bag and Sharps Waste) S - Sharps Waste Only C - Chemotherapy Waste (Trace) P - Path (Human Tissues) Waste R - Other/Special - See Remarks</p> <p>NOTE: Weight shown in Column "A" are reasonable estimates only, used for waste tracking document requirements, and cannot be used for invoicing purposes.</p> <p>NOTE: Weight shown in Column "B" is exact weight of waste (less tare weight of rigid container), can be used for invoicing purposes. Weights are taken and determined at the T.C.I. Facility by a certified deputy weighmaster on weighmaster certified/permitted scales.</p> 
2				B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C <input type="checkbox"/>	
3				B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C <input type="checkbox"/>	
4				B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C <input type="checkbox"/>	
5				B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C <input type="checkbox"/>	
6				B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C <input type="checkbox"/>	
7				B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C <input type="checkbox"/>	
8				B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C <input type="checkbox"/>	
9				B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C <input type="checkbox"/>	
10				B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C <input type="checkbox"/>	
11				B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C <input type="checkbox"/>	
12				B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C <input type="checkbox"/>	

REMARKS

EMPTY CONTAINERS

QTY

EXCHANGED @ PICKUP

GENERATOR SIGNATURE

DATE

WEIGHMASTER SIGNATURE

DATE

T.C.I. FACILITY AUTHORIZED AGENT

DATE

NO. **24834**

(DATE WASTE WAS RECEIVED BY TREATMENT FACILITY)

MEDICAL WASTE TREATMENT BY
MEDICAL WASTE TSD FACILITY • THERMAL COMBUSTION INNOVATORS INC.

241 WEST LAUREL ST., COLTON, CA 92324 • EPA NO. CAD 981433873

WEIGHMASTER LICENSE NO. 6843

CERTIFICATION OF MEDICAL WASTE TREATMENT / DISPOSAL
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**TCI MEDICAL WASTE
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"EXCELLENCE IN WASTE DISPOSAL"

(909) 370-0730 FAX (909) 370-0163

241 W. LAUREL STREET • COLTON, CA 92324

HAZARDOUS WASTE HAULER REGISTRATION # 1431

MEDICAL WASTE TRACKING DOCUMENT

GENERATOR NAME McDonnell Douglas TELEPHONE NUMBER _____
SUITE NO. / STREET ADDRESS TORRANCE CITY CA

DATE 9-27-93 TIME OF WASTE REMOVAL 9:17 GENERATOR SITE ELISEO TCI DRIVER

ITEM	CONTAINER SERIAL NO.	COLUMN "A" WEIGHT	COLUMN "B" NET WT/LBS.	WASTE LEGEND	TRACKING INFORMATION
1	5825	17		<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	Legend — Type of Medical Waste B - Biohazardous Waste (Red Bag and Sharps Waste) S - Sharps Waste Only C - Chemotherapy Waste (Trace) P - Path (Human Tissues) Waste R - Other/Special - See Remarks
2				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	NOTE: Weight shown in Column "A" are reasonable estimates only, used for waste tracking document requirements, and can- not be used for invoicing purposes. NOTE: Weight shown in Column "B" is ex- act weight of waste (less tare weight of rigid container), can be used for invoicing purposes. Weights are taken and determined at the T.C.I. Facility by a certified deputy weighmaster on weighmaster certified/permitted scales.
3				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
4				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
5				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
6				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
7				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
8				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
9				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
10				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
11				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
12				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	

REMARKS

EMPTY CONTAINERS

QTY

EXCHANGED @ PICKUP

GENERATOR SIGNATURE

DATE

WEIGHMASTER SIGNATURE

DATE

T.C.I. FACILITY AUTHORIZED AGENT

DATE

NO. **25033**

(DATE WASTE WAS RECEIVED BY TREATMENT FACILITY)

MEDICAL WASTE TREATMENT BY
MEDICAL WASTE TSD FACILITY • THERMAL COMBUSTION INNOVATORS INC.

241 WEST LAUREL ST., COLTON, CA 92324 • EPA NO. CAD 981433873

WEIGHMASTER LICENSE NO. 6843

CERTIFICATION OF MEDICAL WASTE TREATMENT / DISPOSAL
GENERATORS - COPY



**TCI MEDICAL WASTE
DISPOSAL SERVICE**
"EXCELLENCE IN WASTE DISPOSAL"

(909) 370-0730 FAX (909) 370-0163

241 W. LAUREL STREET • COLTON, CA 92324

HAZARDOUS WASTE HAULER REGISTRATION # 1431

MEDICAL WASTE TRACKING DOCUMENT

GENERATOR NAME McDonnell Douglas Co. TELEPHONE NUMBER _____
SUITE NO. / STREET ADDRESS _____ CITY TORRANCE

DATE 9-30-93 TIME OF WASTE REMOVAL - GENERATOR SITE 9:55 TCI DRIVER ELISEO

ITEM	CONTAINER SERIAL NO.	COLUMN "A" WEIGHT	COLUMN "B" NET WT/LBS.	WASTE LEGEND	TRACKING INFORMATION
1	NO WASTE			<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	Legend — Type of Medical Waste B - Biohazardous Waste (Red Bag and Sharps Waste) S - Sharps Waste Only C - Chemotherapy Waste (Trace) P - Path (Human Tissues) Waste R - Other/Special - See Remarks NOTE: Weight shown in Column "A" are reasonable estimates only, used for waste tracking document requirements, and cannot be used for invoicing purposes. NOTE: Weight shown in Column "B" is exact weight of waste (less tare weight of rigid container), can be used for invoicing purposes. Weights are taken and determined at the T.C.I. Facility by a certified deputy weighmaster on weighmaster certified/permitted scales.
2				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
3				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
4				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
5				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
6				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
7				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
8				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
9				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
10				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
11				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
12				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	

REMARKS

EMPTY CONTAINERS

QTY

EXCHANGED @ PICKUP

GENERATOR SIGNATURE

DATE

WEIGHMASTER SIGNATURE

DATE

T.C.I. FACILITY AUTHORIZED AGENT

DATE

NO. **25382**

(DATE WASTE WAS RECEIVED BY TREATMENT FACILITY)

MEDICAL WASTE TREATMENT BY
MEDICAL WASTE TSD FACILITY • THERMAL COMBUSTION INNOVATORS INC.
241 WEST LAUREL ST., COLTON, CA 92324 • EPA NO. CAD 981433873
WEIGHMASTER LICENSE NO. 6843

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TCI MEDICAL WASTE DISPOSAL SERVICE

"EXCELLENCE IN WASTE DISPOSAL"

(909) 370-0730 FAX (909) 370-0163


241 W. LAUREL STREET • COLTON, CA 92324

HAZARDOUS WASTE HAULER REGISTRATION # 1431

MEDICAL WASTE TRACKING DOCUMENT

GENERATOR NAME McDonnell Douglas TELEPHONE NUMBER _____
SUITE NO. / STREET ADDRESS _____ CITY _____

DATE 10-4-93 TIME OF WASTE REMOVAL - GENERATOR SITE 8:50 TCI DRIVER CH150

ITEM	CONTAINER SERIAL NO.	COLUMN "A" WEIGHT	COLUMN "B" NET WT/LBS.	WASTE LEGEND	TRACKING INFORMATION
1	<u>NO WASTE</u>			<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	<p>Legend — Type of Medical Waste B - Biohazardous Waste (Red Bag and Sharps Waste) S - Sharps Waste Only C - Chemotherapy Waste (Trace) P - Path (Human Tissues) Waste R - Other/Special - See Remarks</p> <p>NOTE: Weight shown in Column "A" are reasonable estimates only, used for waste tracking document requirements, and cannot be used for invoicing purposes.</p> <p>NOTE: Weight shown in Column "B" is exact weight of waste (less tare weight of rigid container); can be used for invoicing purposes. Weights are taken and determined at the T.C.I. Facility by a certified deputy weighmaster on weighmaster certified/permited scales.</p> 
2				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
3				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
4				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
5				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
6				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
7				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
8				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
9				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
10				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
11				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
12				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	

REMARKS

EMPTY CONTAINERS

QTY

EXCHANGED @ PICKUP

GENERATOR SIGNATURE

DATE

WEIGHMASTER SIGNATURE

DATE 10-4-93

T.C.I. FACILITY AUTHORIZED AGENT

DATE

NO. 25778

(DATE WASTE WAS RECEIVED BY TREATMENT FACILITY)

MEDICAL WASTE TREATMENT BY
MEDICAL WASTE TSD FACILITY • THERMAL COMBUSTION INNOVATORS INC.
241 WEST LAUREL ST., COLTON, CA 92324 • EPA NO. CAD 981433873
WEIGHMASTER LICENSE NO. 6843

CERTIFICATION OF MEDICAL WASTE TREATMENT / DISPOSAL
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TCI MEDICAL WASTE DISPOSAL SERVICE

"EXCELLENCE IN WASTE DISPOSAL"

(909) 370-0730 FAX (909) 370-0163


241 W. LAUREL STREET • COLTON, CA 92324

HAZARDOUS WASTE HAULER REGISTRATION # 1431

MEDICAL WASTE TRACKING DOCUMENT

GENERATOR NAME McDonnell Douglas TELEPHONE NUMBER _____
SUITE NO. / STREET ADDRESS _____ CITY _____

DATE Oct 11, 1993 TIME OF WASTE REMOVAL - GENERATOR SITE 9:45 TCI DRIVER ELSED

ITEM	CONTAINER SERIAL NO.	COLUMN "A" WEIGHT	COLUMN "B" NET WT/LBS.	WASTE LEGEND	TRACKING INFORMATION
1	4050	7		<input checked="" type="checkbox"/> B <input type="checkbox"/> S <input type="checkbox"/> C <input type="checkbox"/> P <input type="checkbox"/> R	Legend — Type of Medical Waste B - Biohazardous Waste (Red Bag and Sharps Waste) S - Sharps Waste Only C - Chemotherapy Waste (Trace) P - Path (Human Tissues) Waste R - Other/Special - See Remarks
2				<input type="checkbox"/> B <input type="checkbox"/> S <input type="checkbox"/> C <input type="checkbox"/> P <input type="checkbox"/> R	NOTE: Weight shown in Column "A" are reasonable estimates only, used for waste tracking document requirements, and can- not be used for invoicing purposes.
3				<input type="checkbox"/> B <input type="checkbox"/> S <input type="checkbox"/> C <input type="checkbox"/> P <input type="checkbox"/> R	
4				<input type="checkbox"/> B <input type="checkbox"/> S <input type="checkbox"/> C <input type="checkbox"/> P <input type="checkbox"/> R	NOTE: Weight shown in Column "B" is ex- act weight of waste (less tare weight of rigid container), can be used for invoicing purposes. Weights are taken and determined at the T.C.I. Facility by a certified deputy weighmaster on weighmaster certified/permitted scales.
5				<input type="checkbox"/> B <input type="checkbox"/> S <input type="checkbox"/> C <input type="checkbox"/> P <input type="checkbox"/> R	
6				<input type="checkbox"/> B <input type="checkbox"/> S <input type="checkbox"/> C <input type="checkbox"/> P <input type="checkbox"/> R	
7				<input type="checkbox"/> B <input type="checkbox"/> S <input type="checkbox"/> C <input type="checkbox"/> P <input type="checkbox"/> R	
8				<input type="checkbox"/> B <input type="checkbox"/> S <input type="checkbox"/> C <input type="checkbox"/> P <input type="checkbox"/> R	
9				<input type="checkbox"/> B <input type="checkbox"/> S <input type="checkbox"/> C <input type="checkbox"/> P <input type="checkbox"/> R	
11				<input type="checkbox"/> B <input type="checkbox"/> S <input type="checkbox"/> C <input type="checkbox"/> P <input type="checkbox"/> R	
12				<input type="checkbox"/> B <input type="checkbox"/> S <input type="checkbox"/> C <input type="checkbox"/> P <input type="checkbox"/> R	

REMARKS

EMPTY CONTAINERS

EXCHANGED @ PICKUP

GENERATOR SIGNATURE

DATE

WEIGHMASTER SIGNATURE

DATE

T.C.I. FACILITY AUTHORIZED AGENT

DATE

NO.

26767

(DATE WASTE WAS RECEIVED BY TREATMENT FACILITY)

MEDICAL WASTE TREATMENT BY

MEDICAL WASTE TSD FACILITY • THERMAL COMBUSTION INNOVATORS INC.

241 WEST LAUREL ST., COLTON, CA 92324 • EPA NO. CAD 981433873

WEIGHMASTER LICENSE NO. 6843

CERTIFICATION OF MEDICAL WASTE TREATMENT / DISPOSAL
GENERATORS - COPY



TCI MEDICAL WASTE DISPOSAL SERVICE

"EXCELLENCE IN WASTE DISPOSAL"

(909) 370-0730 FAX (909) 370-0163


241 W. LAUREL STREET • COLTON, CA 92324

HAZARDOUS WASTE HAULER REGISTRATION # 1431

MEDICAL WASTE TRACKING DOCUMENT

GENERATOR NAME McDowell Douglas Co TELEPHONE NUMBER _____
SUITE NO. / STREET ADDRESS _____ CITY _____

DATE Oct 14, 1993 TIME OF WASTE REMOVAL 9:38 GENERATOR SITE TORRANCE TCI DRIVER E11550

ITEM	CONTAINER SERIAL NO.	COLUMN "A" WEIGHT	COLUMN "B" NET WT/LBS.	WASTE LEGEND	TRACKING INFORMATION
1	<u>NO WASTE</u>			<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	<p>Legend — Type of Medical Waste B - Biohazardous Waste (Red Bag and Sharps Waste) S - Sharps Waste Only C - Chemotherapy Waste (Trace) P - Path (Human Tissues) Waste R - Other/Special - See Remarks</p> <p>NOTE: Weight shown in Column "A" are reasonable estimates only, used for waste tracking document requirements, and cannot be used for invoicing purposes.</p> <p>NOTE: Weight shown in Column "B" is exact weight of waste (less tare weight of rigid container), can be used for invoicing purposes. Weights are taken and determined at the T.C.I. Facility by a certified deputy weighmaster on weighmaster certified/permitted scales.</p> 
2				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
3				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
4				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
5				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
6				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
7				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
8				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
9				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
11				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
12				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	

REMARKS

EMPTY CONTAINERS

QTY

EXCHANGED @ PICKUP

GENERATOR SIGNATURE

DATE

WEIGHMASTER SIGNATURE

DATE Oct 14 93

T.C.I. FACILITY AUTHORIZED AGENT

DATE

NO. **26967**

(DATE WASTE WAS RECEIVED BY TREATMENT FACILITY)

MEDICAL WASTE TREATMENT BY
MEDICAL WASTE TSD FACILITY • THERMAL COMBUSTION INNOVATORS INC.
241 WEST LAUREL ST., COLTON, CA 92324 • EPA NO. CAD 981433873
WEIGHMASTER LICENSE NO. 6843

CERTIFICATION OF MEDICAL WASTE TREATMENT / DISPOSAL
GENERATORS - COPY



**TCI MEDICAL WASTE
DISPOSAL SERVICE**
"EXCELLENCE IN WASTE DISPOSAL"

(909) 370-0730 FAX (909) 370-0163

241 W. LAUREL STREET • COLTON, CA 92324

HAZARDOUS WASTE HAULER REGISTRATION # 1431

MEDICAL WASTE TRACKING DOCUMENT

GENERATOR NAME

TELEPHONE NUMBER

SUITE NO. / STREET ADDRESS

CITY

DATE

TIME OF WASTE REMOVAL - GENERATOR SITE

TCI DRIVER

ITEM

CONTAINER
SERIAL NO.

COLUMN "A"
WEIGHT

COLUMN "B"
NET WT/LBS.

WASTE
LEGEND

TRACKING
INFORMATION

1	NO WASTE			<input type="checkbox"/> B <input type="checkbox"/> S <input type="checkbox"/> C	<input type="checkbox"/> P <input type="checkbox"/> R	Legend — Type of Medical Waste B - Biohazardous Waste (Red Bag and Sharps Waste) S - Sharps Waste Only C - Chemotherapy Waste (Trace) P - Path (Human Tissues) Waste R - Other/Special - See Remarks
2				<input type="checkbox"/> B <input type="checkbox"/> S <input type="checkbox"/> C	<input type="checkbox"/> P <input type="checkbox"/> R	
3				<input type="checkbox"/> B <input type="checkbox"/> S <input type="checkbox"/> C	<input type="checkbox"/> P <input type="checkbox"/> R	
4				<input type="checkbox"/> B <input type="checkbox"/> S <input type="checkbox"/> C	<input type="checkbox"/> P <input type="checkbox"/> R	NOTE: Weight shown in Column "A" are reasonable estimates only, used for waste tracking document requirements, and can- not be used for invoicing purposes.
5				<input type="checkbox"/> B <input type="checkbox"/> S <input type="checkbox"/> C	<input type="checkbox"/> P <input type="checkbox"/> R	
6				<input type="checkbox"/> B <input type="checkbox"/> S <input type="checkbox"/> C	<input type="checkbox"/> P <input type="checkbox"/> R	NOTE: Weight shown in Column "B" is ex- act weight of waste (less tare weight of rigid container), can be used for invoicing purposes. Weights are taken and determined at the T.C.I. Facility by a certified deputy weighmaster on weighmaster certified/permitted scales.
7				<input type="checkbox"/> B <input type="checkbox"/> S <input type="checkbox"/> C	<input type="checkbox"/> P <input type="checkbox"/> R	
8				<input type="checkbox"/> B <input type="checkbox"/> S <input type="checkbox"/> C	<input type="checkbox"/> P <input type="checkbox"/> R	
9				<input type="checkbox"/> B <input type="checkbox"/> S <input type="checkbox"/> C	<input type="checkbox"/> P <input type="checkbox"/> R	
11				<input type="checkbox"/> B <input type="checkbox"/> S <input type="checkbox"/> C	<input type="checkbox"/> P <input type="checkbox"/> R	
12				<input type="checkbox"/> B <input type="checkbox"/> S <input type="checkbox"/> C	<input type="checkbox"/> P <input type="checkbox"/> R	

REMARKS

EMPTY CONTAINERS

QTY

EXCHANGED @ PICKUP

GENERATOR SIGNATURE

DATE

WEIGHMASTER SIGNATURE

DATE

T.C.I. FACILITY AUTHORIZED AGENT

DATE

NO.

26983

(DATE WASTE WAS RECEIVED BY TREATMENT FACILITY)

MEDICAL WASTE TREATMENT BY

MEDICAL WASTE TSD FACILITY • THERMAL COMBUSTION INNOVATORS INC.

241 WEST LAUREL ST., COLTON, CA 92324 • EPA NO. CAD 981433873

WEIGHMASTER LICENSE NO. 6843

**CERTIFICATION OF MEDICAL WASTE TREATMENT / DISPOSAL
GENERATORS - COPY**



**TCI MEDICAL WASTE
DISPOSAL SERVICE**
"EXCELLENCE IN WASTE DISPOSAL"

(909) 370-0730 FAX (909) 370-0163

241 W. LAUREL STREET • COLTON, CA 92324

HAZARDOUS WASTE HAULER REGISTRATION # 1431

MEDICAL WASTE TRACKING DOCUMENT

GENERATOR NAME

McDonnell Douglas Co.

TELEPHONE NUMBER

SUITE NO. / STREET ADDRESS

CITY

DATE

06/21/93

TIME OF WASTE REMOVAL - GENERATOR SITE

9:56

TCI DRIVER

E11580

ITEM	CONTAINER SERIAL NO.	COLUMN "A" WEIGHT	COLUMN "B" NET WT/LBS.	WASTE LEGEND	TRACKING INFORMATION
1	<i>no waste</i>			<input type="checkbox"/> B <input type="checkbox"/> S <input type="checkbox"/> C <input type="checkbox"/> P <input type="checkbox"/> R	Legend — Type of Medical Waste B - Biohazardous Waste (Red Bag and Sharps Waste) S - Sharps Waste Only C - Chemotherapy Waste (Trace) P - Path (Human Tissues) Waste R - Other/Special - See Remarks
2				<input type="checkbox"/> B <input type="checkbox"/> S <input type="checkbox"/> C <input type="checkbox"/> P <input type="checkbox"/> R	NOTE: Weight shown in Column "A" are reasonable estimates only, used for waste tracking document requirements, and cannot be used for invoicing purposes. NOTE: Weight shown in Column "B" is exact weight of waste (less tare weight of rigid container), can be used for invoicing purposes. Weights are taken and determined at the T.C.I. Facility by a certified deputy weighmaster on weighmaster certified/permitted scales.
3				<input type="checkbox"/> B <input type="checkbox"/> S <input type="checkbox"/> C <input type="checkbox"/> P <input type="checkbox"/> R	
4				<input type="checkbox"/> B <input type="checkbox"/> S <input type="checkbox"/> C <input type="checkbox"/> P <input type="checkbox"/> R	
5				<input type="checkbox"/> B <input type="checkbox"/> S <input type="checkbox"/> C <input type="checkbox"/> P <input type="checkbox"/> R	
6				<input type="checkbox"/> B <input type="checkbox"/> S <input type="checkbox"/> C <input type="checkbox"/> P <input type="checkbox"/> R	
7				<input type="checkbox"/> B <input type="checkbox"/> S <input type="checkbox"/> C <input type="checkbox"/> P <input type="checkbox"/> R	
8				<input type="checkbox"/> B <input type="checkbox"/> S <input type="checkbox"/> C <input type="checkbox"/> P <input type="checkbox"/> R	
9				<input type="checkbox"/> B <input type="checkbox"/> S <input type="checkbox"/> C <input type="checkbox"/> P <input type="checkbox"/> R	
10				<input type="checkbox"/> B <input type="checkbox"/> S <input type="checkbox"/> C <input type="checkbox"/> P <input type="checkbox"/> R	
11				<input type="checkbox"/> B <input type="checkbox"/> S <input type="checkbox"/> C <input type="checkbox"/> P <input type="checkbox"/> R	
12				<input type="checkbox"/> B <input type="checkbox"/> S <input type="checkbox"/> C <input type="checkbox"/> P <input type="checkbox"/> R	

REMARKS

EMPTY CONTAINERS

EXCHANGED @ PICKUP

GENERATOR SIGNATURE

WEIGHMASTER SIGNATURE

T.C.I. FACILITY AUTHORIZED AGENT

QTY

DATE

DATE

DATE

NO.

27706

(DATE WASTE WAS RECEIVED BY TREATMENT FACILITY)

MEDICAL WASTE TREATMENT BY

MEDICAL WASTE TSD FACILITY • THERMAL COMBUSTION INNOVATORS INC.

241 WEST LAUREL ST., COLTON, CA 92324 • EPA NO. CAD 981433873

WEIGHMASTER LICENSE NO. 6843

**CERTIFICATION OF MEDICAL WASTE TREATMENT / DISPOSAL
GENERATORS - COPY**



**TCI MEDICAL WASTE
DISPOSAL SERVICE**
"EXCELLENCE IN WASTE DISPOSAL"

(909) 370-0730 FAX (909) 370-0163

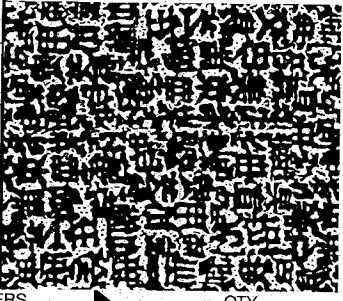
241 W. LAUREL STREET • COLTON, CA 92324

HAZARDOUS WASTE HAULER REGISTRATION # 1431

MEDICAL WASTE TRACKING DOCUMENT

GENERATOR NAME McDonnell Douglas TELEPHONE NUMBER _____
SUITE NO. / STREET ADDRESS Torrance CITY _____

DATE Oct 25 93 TIME OF WASTE REMOVAL - GENERATOR SITE 9:33 TCI DRIVER E11550

ITEM	CONTAINER SERIAL NO.	COLUMN "A" WEIGHT	COLUMN "B" NET WT/LBS.	WASTE LEGEND	TRACKING INFORMATION
1	<u>Waste</u>			<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	<p>Legend — Type of Medical Waste B - Biohazardous Waste (Red Bag and Sharps Waste) S - Sharps Waste Only C - Chemotherapy Waste (Trace) P - Path (Human Tissues) Waste R - Other/Special - See Remarks</p> <p>NOTE: Weight shown in Column "A" are reasonable estimates only, used for waste tracking document requirements, and can- not be used for invoicing purposes.</p> <p>NOTE: Weight shown in Column "B" is ex- act weight of waste (less tare weight of rigid container), can be used for invoicing purposes. Weights are taken and determined at the T.C.I. Facility by a certified deputy weighmaster on weighmaster certified/permitted scales.</p> 
2				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
3				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
4				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
5				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
6				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
7				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
8				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
9				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
10				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
11				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
12				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	

REMARKS

EMPTY CONTAINERS

EXCHANGED @ PICKUP

GENERATOR SIGNATURE

WEIGHMASTER SIGNATURE

T.C.I. FACILITY AUTHORIZED AGENT

QTY

DATE

DATE

DATE

NO.

28152

(DATE WASTE WAS RECEIVED BY TREATMENT FACILITY)

MEDICAL WASTE TREATMENT BY

MEDICAL WASTE TSD FACILITY • THERMAL COMBUSTION INNOVATORS INC.

241 WEST LAUREL ST., COLTON, CA 92324 • EPA NO. CAD 981433873

WEIGHMASTER LICENSE NO. 6843

CERTIFICATION OF MEDICAL WASTE TREATMENT / DISPOSAL

GENERATORS - COPY



**TCI MEDICAL WASTE
DISPOSAL SERVICE**
"EXCELLENCE IN WASTE DISPOSAL"

(909) 370-0730 FAX (909) 370-0163

241 W. LAUREL STREET • COLTON, CA 92324

HAZARDOUS WASTE HAULER REGISTRATION # 1431

MEDICAL WASTE TRACKING DOCUMENT

GENERATOR NAME

TELEPHONE NUMBER


SUITE NO. / STREET ADDRESS

CITY

DATE

TIME OF WASTE REMOVAL - GENERATOR SITE

TCI DRIVER

ITEM	CONTAINER SERIAL NO.	COLUMN "A" WEIGHT	COLUMN "B" NET WT/LBS.	WASTE LEGEND	TRACKING INFORMATION
1	1101552			B <input type="checkbox"/> P S <input type="checkbox"/> R C <input type="checkbox"/>	<p>Legend — Type of Medical Waste B - Biohazardous Waste (Red Bag and Sharps Waste) S - Sharps Waste Only C - Chemotherapy Waste (Trace) P - Path (Human Tissues) Waste R - Other/Special - See Remarks</p> <p>NOTE: Weight shown in Column "A" are reasonable estimates only, used for waste tracking document requirements, and can- not be used for invoicing purposes.</p> <p>NOTE: Weight shown in Column "B" is ex- act weight of waste (less tare weight of rigid container), can be used for invoicing purposes. Weights are taken and determined at the T.C.I. Facility by a certified deputy weighmaster on weighmaster certified/permitted scales.</p> 
2				B <input type="checkbox"/> P S <input type="checkbox"/> R C <input type="checkbox"/>	
3				B <input type="checkbox"/> P S <input type="checkbox"/> R C <input type="checkbox"/>	
4				B <input type="checkbox"/> P S <input type="checkbox"/> R C <input type="checkbox"/>	
5				B <input type="checkbox"/> P S <input type="checkbox"/> R C <input type="checkbox"/>	
6				B <input type="checkbox"/> P S <input type="checkbox"/> R C <input type="checkbox"/>	
7				B <input type="checkbox"/> P S <input type="checkbox"/> R C <input type="checkbox"/>	
8				B <input type="checkbox"/> P S <input type="checkbox"/> R C <input type="checkbox"/>	
9				B <input type="checkbox"/> P S <input type="checkbox"/> R C <input type="checkbox"/>	
10				B <input type="checkbox"/> P S <input type="checkbox"/> R C <input type="checkbox"/>	
11				B <input type="checkbox"/> P S <input type="checkbox"/> R C <input type="checkbox"/>	
12				B <input type="checkbox"/> P S <input type="checkbox"/> R C <input type="checkbox"/>	

REMARKS

EMPTY CONTAINERS

QTY

EXCHANGED @ PICKUP

GENERATOR SIGNATURE

DATE

WEIGHMASTER SIGNATURE

DATE

T.C.I. FACILITY AUTHORIZED AGENT

DATE

NO.

28192

(DATE WASTE WAS RECEIVED BY TREATMENT FACILITY)

MEDICAL WASTE TREATMENT BY

MEDICAL WASTE TSD FACILITY • THERMAL COMBUSTION INNOVATORS INC.

241 WEST LAUREL ST., COLTON, CA 92324 • EPA NO. CAD 981433873

WEIGHMASTER LICENSE NO. 6843

**CERTIFICATION OF MEDICAL WASTE TREATMENT / DISPOSAL
GENERATORS - COPY**



**TCI MEDICAL WASTE
DISPOSAL SERVICE**
"EXCELLENCE IN WASTE DISPOSAL"

(909) 370-0730 FAX (909) 370-0163


241 W. LAUREL STREET • COLTON, CA 92324

HAZARDOUS WASTE HAULER REGISTRATION # 1431

MEDICAL WASTE TRACKING DOCUMENT

GENERATOR NAME MC. DONNELLY LOUGHRAN TELEPHONE NUMBER _____
SUITE NO. / STREET ADDRESS _____ CITY TORRANCE

DATE 11-1-93 TIME OF WASTE REMOVAL - GENERATOR SITE 9:10 TCI DRIVER SPR/ELISEO

ITEM	CONTAINER SERIAL NO.	COLUMN "A" WEIGHT	COLUMN "B" NET WT/LBS.	WASTE LEGEND	TRACKING INFORMATION
1	<u>NO WASTE</u>			<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	<p>Legend — Type of Medical Waste B - Biohazardous Waste (Red Bag and Sharps Waste) S - Sharps Waste Only C - Chemotherapy Waste (Trace) P - Path (Human Tissues) Waste R - Other/Special - See Remarks</p> <p>NOTE: Weight shown in Column "A" are reasonable estimates only, used for waste tracking document requirements, and cannot be used for invoicing purposes.</p> <p>NOTE: Weight shown in Column "B" is exact weight of waste (less tare weight of rigid container), can be used for invoicing purposes. Weights are taken and determined at the T.C.I. Facility by a certified deputy weighmaster on weighmaster certified/permitted scales.</p> 
2				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
3				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
4				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
5				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
6				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
7				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
8				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
9				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
10				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
11				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
12				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	

REMARKS

EMPTY CONTAINERS

EXCHANGED @ PICKUP

GENERATOR SIGNATURE [Signature] DATE 11-1-93

WEIGHMASTER SIGNATURE [Signature] DATE _____

T.C.I. FACILITY AUTHORIZED AGENT _____ DATE _____

NO.

28275

(DATE WASTE WAS RECEIVED BY TREATMENT FACILITY)

MEDICAL WASTE TREATMENT BY

MEDICAL WASTE TSD FACILITY • THERMAL COMBUSTION INNOVATORS INC.

241 WEST LAUREL ST., COLTON, CA 92324 • EPA NO. CAD 981433873

WEIGHMASTER LICENSE NO. 6843

**CERTIFICATION OF MEDICAL WASTE TREATMENT / DISPOSAL
GENERATORS - COPY**



TCI MEDICAL WASTE DISPOSAL SERVICE

"EXCELLENCE IN WASTE DISPOSAL"

(909) 370-0730 FAX (909) 370-0163

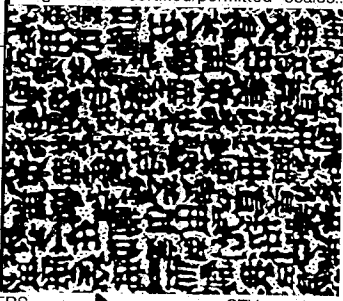
241 W. LAUREL STREET • COLTON, CA 92324

HAZARDOUS WASTE HAULER REGISTRATION # 1431

MEDICAL WASTE TRACKING DOCUMENT

GENERATOR NAME McDonnell Douglas Co. TELEPHONE NUMBER _____
SUITE NO. / STREET ADDRESS TORRANCE CITY CA

DATE Nov 4, 93 TIME OF WASTE REMOVAL - GENERATOR SITE 9:50 TCI DRIVER ELISEO

ITEM	CONTAINER SERIAL NO.	COLUMN "A" WEIGHT	COLUMN "B" NET WT/LBS.	WASTE LEGEND	TRACKING INFORMATION
1				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	<p>Legend — Type of Medical Waste B - Biohazardous Waste (Red Bag and Sharps Waste) S - Sharps Waste Only C - Chemotherapy Waste (Trace) P - Path (Human Tissues) Waste R - Other/Special - See Remarks</p> <p>NOTE: Weight shown in Column "A" are reasonable estimates only, used for waste tracking document requirements, and cannot be used for invoicing purposes.</p> <p>NOTE: Weight shown in Column "B" is exact weight of waste (less tare weight of rigid container), can be used for invoicing purposes. Weights are taken and determined at the T.C.I. Facility by a certified deputy weighmaster on weighmaster certified/permitted scales.</p> 
2				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
3				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
4				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
5				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
6				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
7				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
8				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
9				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
10				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
11				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
12				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	

REMARKS

EMPTY CONTAINERS

QTY

EXCHANGED @ PICKUP

GENERATOR SIGNATURE

DATE

WEIGHMASTER SIGNATURE

DATE

T.C.I. FACILITY AUTHORIZED AGENT

DATE

NO.

29254

(DATE WASTE WAS RECEIVED BY TREATMENT FACILITY)

MEDICAL WASTE TREATMENT BY

MEDICAL WASTE TSD FACILITY • THERMAL COMBUSTION INNOVATORS INC.

241 WEST LAUREL ST., COLTON, CA 92324 • EPA NO. CAD 981433873

WEIGHMASTER LICENSE NO. 6843

**CERTIFICATION OF MEDICAL WASTE TREATMENT / DISPOSAL
GENERATORS - COPY**



TCI MEDICAL WASTE DISPOSAL SERVICE

"EXCELLENCE IN WASTE DISPOSAL"

(909) 370-0730 FAX (909) 370-0163


241 W. LAUREL STREET • COLTON, CA 92324

HAZARDOUS WASTE HAULER REGISTRATION # 1431

MEDICAL WASTE TRACKING DOCUMENT

GENERATOR NAME M.C. DONNELL DOUGLAS TELEPHONE NUMBER _____
SUITE NO. / STREET ADDRESS _____ CITY ORANGE

DATE 11-8-93 TIME OF WASTE REMOVAL 10:15 GENERATOR SITE ORANGE TCI DRIVER Scott

ITEM	CONTAINER SERIAL NO.	COLUMN "A" WEIGHT	COLUMN "B" NET WT/LBS.	WASTE LEGEND	TRACKING INFORMATION
1	<u>NO WASTE</u>			<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	<p>Legend — Type of Medical Waste B - Biohazardous Waste (Red Bag and Sharps Waste) S - Sharps Waste Only C - Chemotherapy Waste (Trace) P - Path (Human Tissues) Waste R - Other/Special - See Remarks</p> <p>NOTE: Weight shown in Column "A" are reasonable estimates only, used for waste tracking document requirements, and cannot be used for invoicing purposes.</p> <p>NOTE: Weight shown in Column "B" is exact weight of waste (less tare weight of rigid container), can be used for invoicing purposes. Weights are taken and determined at the T.C.I. Facility by a certified deputy weighmaster on weighmaster certified/permitted scales.</p> 
2				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
3				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
4				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
5				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
6				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
7				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
8				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
9				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
10				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
11				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
12				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	

REMARKS

EMPTY CONTAINERS

EXCHANGED @ PICKUP

GENERATOR SIGNATURE MS DATE 11-8-93

WEIGHMASTER SIGNATURE _____ DATE _____

T.C.I. FACILITY AUTHORIZED AGENT _____ DATE _____

(DATE WASTE WAS RECEIVED BY TREATMENT FACILITY)

NO. **28995**

MEDICAL WASTE TREATMENT BY
MEDICAL WASTE TSD FACILITY • THERMAL COMBUSTION INNOVATORS INC.
241 WEST LAUREL ST., COLTON, CA 92324 • EPA NO. CAD 981433873
WEIGHMASTER LICENSE NO. 6843

CERTIFICATION OF MEDICAL WASTE TREATMENT / DISPOSAL
GENERATORS - COPY



**TCI MEDICAL WASTE
DISPOSAL SERVICE**
"EXCELLENCE IN WASTE DISPOSAL"

(909) 370-0730 FAX (909) 370-0163

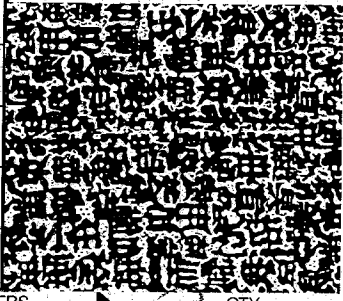
241 W. LAUREL STREET • COLTON, CA 92324

HAZARDOUS WASTE HAULER REGISTRATION # 1431

MEDICAL WASTE TRACKING DOCUMENT

GENERATOR NAME MC. DONNELL DOUGLAS TELEPHONE NUMBER _____
SUITE NO. / STREET ADDRESS _____ CITY _____

DATE 11-8-93 TIME OF WASTE REMOVAL - GENERATOR SITE 9:25 TCI DRIVER Carlos

ITEM	CONTAINER SERIAL NO.	COLUMN "A" WEIGHT	COLUMN "B" NET WT/LBS.	WASTE LEGEND	TRACKING INFORMATION
1				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	<p>Legend — Type of Medical Waste B - Biohazardous Waste (Red Bag and Sharps Waste) S - Sharps Waste Only C - Chemotherapy Waste (Trace) P - Path (Human Tissues) Waste R - Other/Special - See Remarks</p> <p>NOTE: Weight shown in Column "A" are reasonable estimates only, used for waste tracking document requirements, and can- not be used for invoicing purposes.</p> <p>NOTE: Weight shown in Column "B" is ex- act weight of waste (less tare weight of rigid container), can be used for invoicing purposes. Weights are taken and determined at the T.C.I. Facility by a certified deputy weighmaster on weighmaster certified/permitted scales.</p> 
2				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
3				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
4				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
5				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
6				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
7				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
8				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
9				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
11				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
12				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	

REMARKS

EMPTY CONTAINERS

QTY

EXCHANGED @ PICKUP

GENERATOR SIGNATURE

DATE

WEIGHMASTER SIGNATURE

DATE

T.C.I. FACILITY AUTHORIZED AGENT

DATE

NO.

30432

(DATE WASTE WAS RECEIVED BY TREATMENT FACILITY)

MEDICAL WASTE TREATMENT BY
MEDICAL WASTE TSD FACILITY • THERMAL COMBUSTION INNOVATORS INC.
241 WEST LAUREL ST., COLTON, CA 92324 • EPA NO. CAD 981433873
WEIGHMASTER LICENSE NO. 6843

CERTIFICATION OF MEDICAL WASTE TREATMENT / DISPOSAL
GENERATORS - COPY



**TCI MEDICAL WASTE
DISPOSAL SERVICE**
"EXCELLENCE IN WASTE DISPOSAL"

(909) 370-0730 FAX (909) 370-0163

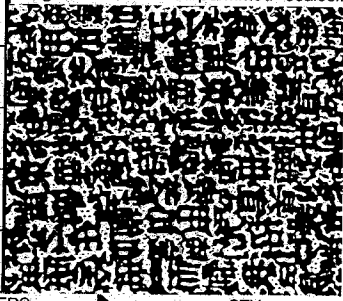
241 W. LAUREL STREET • COLTON, CA 92324

HAZARDOUS WASTE HAULER REGISTRATION # 1431

MEDICAL WASTE TRACKING DOCUMENT

GENERATOR NAME: MC DONNELL DOUGLAS CO. TELEPHONE NUMBER: _____
SUITE NO. / STREET ADDRESS: _____ CITY: _____

DATE: 11-11-93 TIME OF WASTE REMOVAL: 10:40 GENERATOR SITE: TORRANCE TCI DRIVER: Carlos

ITEM	CONTAINER SERIAL NO.	COLUMN "A" WEIGHT	COLUMN "B" NET WT/LBS.	WASTE LEGEND	TRACKING INFORMATION
1				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	<p>Legend — Type of Medical Waste B - Biohazardous Waste (Red Bag and Sharps Waste) S - Sharps Waste Only C - Chemotherapy Waste (Trace) P - Path (Human Tissues) Waste R - Other/Special - See Remarks</p> <p>NOTE: Weight shown in Column "A" are reasonable estimates only, used for waste tracking document requirements, and can- not be used for invoicing purposes.</p> <p>NOTE: Weight shown in Column "B" is ex- act weight of waste (less tare weight of rigid container), can be used for invoicing purposes. Weights are taken and determined at the T.C.I. Facility by a certified deputy weighmaster on weighmaster certified/permitted scales.</p> 
2				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
3				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
4				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
5				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
6				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
7				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
8				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
9				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
10				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
11				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
12				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	

REMARKS

EMPTY CONTAINERS

QTY

EXCHANGED @ PICKUP

GENERATOR SIGNATURE

DATE

WEIGHMASTER SIGNATURE

DATE

T.C.I. FACILITY AUTHORIZED AGENT

DATE

NO.

29303

(DATE WASTE WAS RECEIVED BY TREATMENT FACILITY)

MEDICAL WASTE TREATMENT BY

MEDICAL WASTE TSD FACILITY • THERMAL COMBUSTION INNOVATORS INC.

241 WEST LAUREL ST., COLTON, CA 92324 • EPA NO. CAD 981433873

WEIGHMASTER LICENSE NO. 6843

CERTIFICATION OF MEDICAL WASTE TREATMENT / DISPOSAL
GENERATORS - COPY



TCI MEDICAL WASTE DISPOSAL SERVICE

"EXCELLENCE IN WASTE DISPOSAL"

(909) 370-0730

FAX (909) 370-0163

241 W. LAUREL STREET • COLTON, CA 92324

HAZARDOUS WASTE HAULER REGISTRATION # 1431

MEDICAL WASTE TRACKING DOCUMENT

GENERATOR NAME

McDonnell Douglas

TELEPHONE NUMBER

SUITE NO. / STREET ADDRESS

CITY

DATE


TIME OF WASTE REMOVAL - GENERATOR SITE

TCI DRIVER

Nov 15, 1993

8:56

21580

ITEM	CONTAINER SERIAL NO.	COLUMN "A" WEIGHT	COLUMN "B" NET WT/LBS.	WASTE LEGEND	TRACKING INFORMATION
1	<i>NO WASTE</i>			B <input type="checkbox"/> P S <input type="checkbox"/> R C <input type="checkbox"/>	<p>Legend — Type of Medical Waste B - Biohazardous Waste (Red Bag and Sharps Waste) S - Sharps Waste Only C - Chemotherapy Waste (Trace) P - Path (Human Tissues) Waste R - Other/Special - See Remarks</p> <p>NOTE: Weight shown in Column "A" are reasonable estimates only, used for waste tracking document requirements, and can- not be used for invoicing purposes.</p> <p>NOTE: Weight shown in Column "B" is ex- act weight of waste (less tare weight of rigid container), can be used for invoicing purposes. Weights are taken and determined at the T.C.I. Facility by a certified deputy weighmaster on weighmaster certified/permitted scales.</p> 
2				B <input type="checkbox"/> P S <input type="checkbox"/> R C <input type="checkbox"/>	
3				B <input type="checkbox"/> P S <input type="checkbox"/> R C <input type="checkbox"/>	
4				B <input type="checkbox"/> P S <input type="checkbox"/> R C <input type="checkbox"/>	
5				B <input type="checkbox"/> P S <input type="checkbox"/> R C <input type="checkbox"/>	
6				B <input type="checkbox"/> P S <input type="checkbox"/> R C <input type="checkbox"/>	
7				B <input type="checkbox"/> P S <input type="checkbox"/> R C <input type="checkbox"/>	
8				B <input type="checkbox"/> P S <input type="checkbox"/> R C <input type="checkbox"/>	
9				B <input type="checkbox"/> P S <input type="checkbox"/> R C <input type="checkbox"/>	
11				B <input type="checkbox"/> P S <input type="checkbox"/> R C <input type="checkbox"/>	
12				B <input type="checkbox"/> P S <input type="checkbox"/> R C <input type="checkbox"/>	

REMARKS

EMPTY CONTAINERS

QTY

EXCHANGED @ PICKUP

GENERATOR SIGNATURE

DATE

WEIGHMASTER SIGNATURE

DATE

T.C.I. FACILITY AUTHORIZED AGENT

DATE

NO. **30404**

(DATE WASTE WAS RECEIVED BY TREATMENT FACILITY)

MEDICAL WASTE TREATMENT BY

MEDICAL WASTE TSD FACILITY • THERMAL COMBUSTION INNOVATORS INC.

241 WEST LAUREL ST., COLTON, CA 92324 • EPA NO. CAD 981433873

WEIGHMASTER LICENSE NO. 6843

CERTIFICATION OF MEDICAL WASTE TREATMENT / DISPOSAL

GENERATORS - COPY



**TCI MEDICAL WASTE
DISPOSAL SERVICE**
"EXCELLENCE IN WASTE DISPOSAL"

(909) 370-0730 FAX (909) 370-0163


241 W. LAUREL STREET • COLTON, CA 92324

HAZARDOUS WASTE HAULER REGISTRATION # 1431

MEDICAL WASTE TRACKING DOCUMENT

GENERATOR NAME Med-nell Douglas TELEPHONE NUMBER _____
SUITE NO. / STREET ADDRESS _____ CITY _____

DATE Dec 6, 1993 TIME OF WASTE REMOVAL - GENERATOR SITE 12:41 TCI DRIVER Eliseo

ITEM	CONTAINER SERIAL NO.	COLUMN "A" WEIGHT	COLUMN "B" NET WT/LBS.	WASTE LEGEND	TRACKING INFORMATION
1	<u>NO WASTE</u>			<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	Legend — Type of Medical Waste B - Biohazardous Waste (Red Bag and Sharps Waste) S - Sharps Waste Only C - Chemotherapy Waste (Trace) P - Path (Human Tissues) Waste R - Other/Special - See Remarks
2				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	NOTE: Weight shown in Column "A" are reasonable estimates only, used for waste tracking document requirements, and can- not be used for invoicing purposes.
3				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
4				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	NOTE: Weight shown in Column "B" is ex- act weight of waste (less tare weight of rigid container), can be used for invoicing purposes. Weights are taken and determined at the T.C.I. Facility by a certified deputy weighmaster on weighmaster certified/permitted scales.
5				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
6				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
7				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
8				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
9				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
11				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
12				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	

REMARKS _____

EMPTY CONTAINERS _____ QTY _____
EXCHANGED @ PICKUP _____

GENERATOR SIGNATURE _____ DATE _____
X _____ Dec 6, 1993

WEIGHMASTER SIGNATURE _____ DATE _____

TC.I. FACILITY AUTHORIZED AGENT _____ DATE _____

NO. **32076** (DATE WASTE WAS RECEIVED BY TREATMENT FACILITY)

MEDICAL WASTE TREATMENT BY
MEDICAL WASTE TSD FACILITY • THERMAL COMBUSTION INNOVATORS INC.
241 WEST LAUREL ST., COLTON, CA 92324 • EPA NO. CAD 981433873
WEIGHMASTER LICENSE NO. 6843
CERTIFICATION OF MEDICAL WASTE TREATMENT / DISPOSAL
GENERATORS - COPY



TCI MEDICAL WASTE DISPOSAL SERVICE

"EXCELLENCE IN WASTE DISPOSAL"

(909) 370-0730 FAX (909) 370-0163

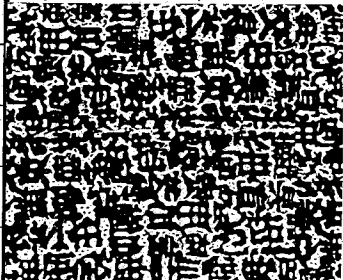
241 W. LAUREL STREET • COLTON, CA 92324

HAZARDOUS WASTE HAULER REGISTRATION # 1431

MEDICAL WASTE TRACKING DOCUMENT

GENERATOR NAME MC DONNELL DOUGLAS (C) TELEPHONE NUMBER _____
SUITE NO. / STREET ADDRESS TORRANCE CITY COLTON

DATE 12-9-93 TIME OF WASTE REMOVAL - GENERATOR SITE 12:38 TCI DRIVER Carlos

ITEM	CONTAINER SERIAL NO.	COLUMN "A" WEIGHT	COLUMN "B" NET WT/LBS.	WASTE LEGEND	TRACKING INFORMATION
1				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	Legend — Type of Medical Waste B - Biohazardous Waste (Red Bag and Sharps Waste) S - Sharps Waste Only C - Chemotherapy Waste (Trace) P - Path (Human Tissues) Waste R - Other/Special - See Remarks
2				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	NOTE: Weight shown in Column "A" are reasonable estimates only, used for waste tracking document requirements, and can- not be used for invoicing purposes.
3				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
4				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	NOTE: Weight shown in Column "B" is ex- act weight of waste (less tare weight of rigid container), can be used for invoicing purposes. Weights are taken and determined at the T.C.I. Facility by a certified deputy weighmaster on weighmaster certified/permitted scales.
5				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
6				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
7				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
8				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
9				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
11				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
12				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	

REMARKS

EMPTY CONTAINERS

EXCHANGED @ PICKUP

GENERATOR SIGNATURE

DATE

WEIGHMASTER SIGNATURE

DATE

T.C.I. FACILITY AUTHORIZED AGENT

DATE

NO. **32531**

(DATE WASTE WAS RECEIVED BY TREATMENT FACILITY)

MEDICAL WASTE TREATMENT BY
MEDICAL WASTE TSD FACILITY • THERMAL COMBUSTION INNOVATORS INC.
241 WEST LAUREL ST., COLTON, CA 92324 • EPA NO. CAD 981433873
WEIGHMASTER LICENSE NO. 6843

**CERTIFICATION OF MEDICAL WASTE TREATMENT / DISPOSAL
GENERATORS - COPY**



**TCI MEDICAL WASTE
DISPOSAL SERVICE**
"EXCELLENCE IN WASTE DISPOSAL"

(909) 370-0730 FAX (909) 370-0163

241 W. LAUREL STREET • COLTON, CA 92324

HAZARDOUS WASTE HAULER REGISTRATION # 1431

MEDICAL WASTE TRACKING DOCUMENT

GENERATOR NAME

TELEPHONE NUMBER

SUITE NO. / STREET ADDRESS

CITY

DATE

TIME OF WASTE REMOVAL - GENERATOR SITE

TCI DRIVER

ITEM	CONTAINER SERIAL NO.	COLUMN "A" WEIGHT	COLUMN "B" NET WT/LBS.	WASTE LEGEND	TRACKING INFORMATION
1	MD WASTE			B <input type="checkbox"/> P S <input type="checkbox"/> R C <input type="checkbox"/>	Legend — Type of Medical Waste B - Biohazardous Waste (Red Bag and Sharps Waste) S - Sharps Waste Only C - Chemotherapy Waste (Trace) P - Path (Human Tissues) Waste R - Other/Special - See Remarks
2				B <input type="checkbox"/> P S <input type="checkbox"/> R C <input type="checkbox"/>	
3				B <input type="checkbox"/> P S <input type="checkbox"/> R C <input type="checkbox"/>	
4				B <input type="checkbox"/> P S <input type="checkbox"/> R C <input type="checkbox"/>	NOTE: Weight shown in Column "A" are reasonable estimates only, used for waste tracking document requirements, and can- not be used for invoicing purposes.
5				B <input type="checkbox"/> P S <input type="checkbox"/> R C <input type="checkbox"/>	NOTE: Weight shown in Column "B" is ex- act weight of waste (less tare weight of rigid container), can be used for invoicing purposes. Weights are taken and determined at the T.C.I. Facility by a certified deputy weighmaster on weighmaster certified/permited scales.
6				B <input type="checkbox"/> P S <input type="checkbox"/> R C <input type="checkbox"/>	
7				B <input type="checkbox"/> P S <input type="checkbox"/> R C <input type="checkbox"/>	
8				B <input type="checkbox"/> P S <input type="checkbox"/> R C <input type="checkbox"/>	
9				B <input type="checkbox"/> P S <input type="checkbox"/> R C <input type="checkbox"/>	
11				B <input type="checkbox"/> P S <input type="checkbox"/> R C <input type="checkbox"/>	
12				B <input type="checkbox"/> P S <input type="checkbox"/> R C <input type="checkbox"/>	

REMARKS

EMPTY CONTAINERS

QTY

EXCHANGED @ PICKUP

GENERATOR SIGNATURE

DATE

WEIGHMASTER SIGNATURE

DATE

T.C.I. FACILITY AUTHORIZED AGENT

DATE

NO. 32591

(DATE WASTE WAS RECEIVED BY TREATMENT FACILITY)

MEDICAL WASTE TREATMENT BY
MEDICAL WASTE TSD FACILITY • THERMAL COMBUSTION INNOVATORS INC.
241 WEST LAUREL ST., COLTON, CA 92324 • EPA NO. CAD 981433873
WEIGHMASTER LICENSE NO. 6843

CERTIFICATION OF MEDICAL WASTE TREATMENT / DISPOSAL
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**TCI MEDICAL WASTE
DISPOSAL SERVICE**
"EXCELLENCE IN WASTE DISPOSAL"

(909) 370-0730 FAX (909) 370-0163

241 W. LAUREL STREET • COLTON, CA 92324

HAZARDOUS WASTE HAULER REGISTRATION # 1431

MEDICAL WASTE TRACKING DOCUMENT

GENERATOR NAME

TELEPHONE NUMBER


SUITE NO. / STREET ADDRESS

CITY

DATE

TIME OF WASTE REMOVAL - GENERATOR SITE

TCI DRIVER

ITEM	CONTAINER SERIAL NO.	COLUMN "A" WEIGHT	COLUMN "B" NET WT/LBS.	WASTE LEGEND	TRACKING INFORMATION
1	NO WASTE			<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	<p>Legend — Type of Medical Waste B - Biohazardous Waste (Red Bag and Sharps Waste) S - Sharps Waste Only C - Chemotherapy Waste (Trace) P - Path (Human Tissues) Waste R - Other/Special - See Remarks</p> <p>NOTE: Weight shown in Column "A" are reasonable estimates only, used for waste tracking document requirements, and cannot be used for invoicing purposes.</p> <p>NOTE: Weight shown in Column "B" is exact weight of waste (less tare weight of rigid container), can be used for invoicing purposes. Weights are taken and determined at the T.C.I. Facility by a certified deputy weighmaster on weighmaster certified/permitted scales.</p> 
2				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
3				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
4				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
5				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
6				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
7				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
8				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
9				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
10				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
11				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
12				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	

REMARKS

EMPTY CONTAINERS

QTY

EXCHANGED @ PICKUP

GENERATOR SIGNATURE

DATE

WEIGHMASTER SIGNATURE

DATE

T.C.I. FACILITY AUTHORIZED AGENT

DATE

NO.

33339

(DATE WASTE WAS RECEIVED BY TREATMENT FACILITY)

MEDICAL WASTE TREATMENT BY

MEDICAL WASTE TSD FACILITY • THERMAL COMBUSTION INNOVATORS INC.

241 WEST LAUREL ST., COLTON, CA 92324 • EPA NO. CAD 981433873

WEIGHMASTER LICENSE NO. 6843

CERTIFICATION OF MEDICAL WASTE TREATMENT / DISPOSAL

GENERATORS - COPY



**TCI MEDICAL WASTE
DISPOSAL SERVICE**
"EXCELLENCE IN WASTE DISPOSAL"

(909) 370-0730 FAX (909) 370-0163

241 W. LAUREL STREET • COLTON, CA 92324

HAZARDOUS WASTE HAULER REGISTRATION # 1431

MEDICAL WASTE TRACKING DOCUMENT

GENERATOR NAME

TELEPHONE NUMBER

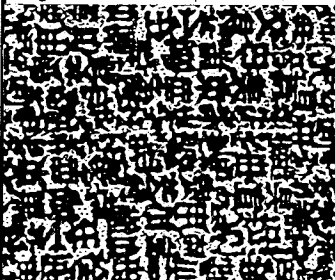
SUITE NO. / STREET ADDRESS

CITY

DATE

TIME OF WASTE REMOVAL - GENERATOR SITE

TCI DRIVER

ITEM	CONTAINER SERIAL NO.	COLUMN "A" WEIGHT	COLUMN "B" NET WT/LBS.	WASTE LEGEND	TRACKING INFORMATION
1	no waste			B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C <input type="checkbox"/>	Legend — Type of Medical Waste B - Biohazardous Waste (Red Bag and Sharps Waste) S - Sharps Waste Only C - Chemotherapy Waste (Trace) P - Path (Human Tissues) Waste R - Other/Special - See Remarks
2				B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C <input type="checkbox"/>	<p>NOTE: Weight shown in Column "A" are reasonable estimates only, used for waste tracking document requirements, and cannot be used for invoicing purposes.</p> <p>NOTE: Weight shown in Column "B" is exact weight of waste (less tare weight of rigid container), can be used for invoicing purposes. Weights are taken and determined at the T.C.I. Facility by a certified deputy weighmaster on weighmaster certified/permitted scales.</p> 
3				B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C <input type="checkbox"/>	
4				B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C <input type="checkbox"/>	
5				B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C <input type="checkbox"/>	
6				B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C <input type="checkbox"/>	
7				B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C <input type="checkbox"/>	
8				B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C <input type="checkbox"/>	
9				B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C <input type="checkbox"/>	
10				B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C <input type="checkbox"/>	
11				B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C <input type="checkbox"/>	
12				B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C <input type="checkbox"/>	

REMARKS

EMPTY CONTAINERS

QTY

EXCHANGED @ PICKUP

GENERATOR SIGNATURE

DATE

WEIGHMASTER SIGNATURE

DATE

T.C.I. FACILITY AUTHORIZED AGENT

DATE

(DATE WASTE WAS RECEIVED BY TREATMENT FACILITY)

NO. 33572

MEDICAL WASTE TREATMENT BY

MEDICAL WASTE TSD FACILITY • THERMAL COMBUSTION INNOVATORS INC.

241 WEST LAUREL ST., COLTON, CA 92324 • EPA NO. CAD 981433873

WEIGHMASTER LICENSE NO. 6843

CERTIFICATION OF MEDICAL WASTE TREATMENT / DISPOSAL
GENERATORS - COPY



**TCI MEDICAL WASTE
DISPOSAL SERVICE**
"EXCELLENCE IN WASTE DISPOSAL"

(909) 370-0730

FAX (909) 370-0163

241 W. LAUREL STREET • COLTON, CA 92324

HAZARDOUS WASTE HAULER REGISTRATION # 1431

MEDICAL WASTE TRACKING DOCUMENT

GENERATOR NAME Medonmell Douglas Co. TELEPHONE NUMBER _____
SUITE NO. / STREET ADDRESS _____ CITY San Jose

DATE Dec-23, 1993 TIME OF WASTE REMOVAL 12:12 GENERATOR SITE _____ TCI DRIVER Edo

ITEM	CONTAINER SERIAL NO.	COLUMN "A" WEIGHT	COLUMN "B" NET WT/LBS.	WASTE LEGEND	TRACKING INFORMATION
1	<u>no waste</u>			B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C <input type="checkbox"/>	Legend — Type of Medical Waste B - Biohazardous Waste (Red Bag and Sharps Waste) S - Sharps Waste Only C - Chemotherapy Waste (Trace) P - Path (Human Tissues) Waste R - Other/Special - See Remarks NOTE: Weight shown in Column "A" are reasonable estimates only, used for waste tracking document requirements, and cannot be used for invoicing purposes. NOTE: Weight shown in Column "B" is exact weight of waste (less tare weight of rigid container), can be used for invoicing purposes. Weights are taken and determined at the T.C.I. Facility by a certified deputy weighmaster on weighmaster certified/permitted scales.
2				B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C <input type="checkbox"/>	
3				B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C <input type="checkbox"/>	
4				B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C <input type="checkbox"/>	
5				B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C <input type="checkbox"/>	
6				B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C <input type="checkbox"/>	
7				B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C <input type="checkbox"/>	
8				B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C <input type="checkbox"/>	
9				B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C <input type="checkbox"/>	
				B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C <input type="checkbox"/>	
11				B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C <input type="checkbox"/>	
12				B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C <input type="checkbox"/>	

REMARKS

EMPTY CONTAINERS

QTY

EXCHANGED @ PICKUP

GENERATOR SIGNATURE

DATE

WEIGHMASTER SIGNATURE

DATE

T.C.I. FACILITY AUTHORIZED AGENT

DATE

NO. **34229**

(DATE WASTE WAS RECEIVED BY TREATMENT FACILITY)

MEDICAL WASTE TREATMENT BY
MEDICAL WASTE TSD FACILITY • THERMAL COMBUSTION INNOVATORS INC.
241 WEST LAUREL ST., COLTON, CA 92324 • EPA NO. CAD 981433873
WEIGHMASTER LICENSE NO. 6843

CERTIFICATION OF MEDICAL WASTE TREATMENT / DISPOSAL
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TCI MEDICAL WASTE DISPOSAL SERVICE

"EXCELLENCE IN WASTE DISPOSAL"

(909) 370-0730 FAX (909) 370-0163


241 W. LAUREL STREET • COLTON, CA 92324

HAZARDOUS WASTE HAULER REGISTRATION # 1431

MEDICAL WASTE TRACKING DOCUMENT

GENERATOR NAME Mademell Douglas TELEPHONE NUMBER _____
SUITE NO. / STREET ADDRESS _____ CITY Yucca

DATE Dec 27 1993 TIME OF WASTE REMOVAL - GENERATOR SITE 8:43 TCI DRIVER Eshes

ITEM	CONTAINER SERIAL NO.	COLUMN "A" WEIGHT	COLUMN "B" NET WT/LBS.	WASTE LEGEND	TRACKING INFORMATION
1	<u>NO WASTE</u>			<input type="checkbox"/> B <input type="checkbox"/> S <input type="checkbox"/> C <input type="checkbox"/> P <input type="checkbox"/> R	Legend — Type of Medical Waste B - Biohazardous Waste (Red Bag and Sharps Waste) S - Sharps Waste Only C - Chemotherapy Waste (Trace) P - Path (Human Tissues) Waste R - Other/Special - See Remarks
2				<input type="checkbox"/> B <input type="checkbox"/> S <input type="checkbox"/> C <input type="checkbox"/> P <input type="checkbox"/> R	<p>NOTE: Weight shown in Column "A" are reasonable estimates only, used for waste tracking document requirements, and cannot be used for invoicing purposes.</p> <p>NOTE: Weight shown in Column "B" is exact weight of waste (less tare weight of rigid container), can be used for invoicing purposes. Weights are taken and determined at the T.C.I. Facility by a certified deputy weighmaster on weighmaster certified/permitted scales.</p> 
3				<input type="checkbox"/> B <input type="checkbox"/> S <input type="checkbox"/> C <input type="checkbox"/> P <input type="checkbox"/> R	
4				<input type="checkbox"/> B <input type="checkbox"/> S <input type="checkbox"/> C <input type="checkbox"/> P <input type="checkbox"/> R	
5				<input type="checkbox"/> B <input type="checkbox"/> S <input type="checkbox"/> C <input type="checkbox"/> P <input type="checkbox"/> R	
6				<input type="checkbox"/> B <input type="checkbox"/> S <input type="checkbox"/> C <input type="checkbox"/> P <input type="checkbox"/> R	
7				<input type="checkbox"/> B <input type="checkbox"/> S <input type="checkbox"/> C <input type="checkbox"/> P <input type="checkbox"/> R	
8				<input type="checkbox"/> B <input type="checkbox"/> S <input type="checkbox"/> C <input type="checkbox"/> P <input type="checkbox"/> R	
9				<input type="checkbox"/> B <input type="checkbox"/> S <input type="checkbox"/> C <input type="checkbox"/> P <input type="checkbox"/> R	
10				<input type="checkbox"/> B <input type="checkbox"/> S <input type="checkbox"/> C <input type="checkbox"/> P <input type="checkbox"/> R	
11				<input type="checkbox"/> B <input type="checkbox"/> S <input type="checkbox"/> C <input type="checkbox"/> P <input type="checkbox"/> R	
12				<input type="checkbox"/> B <input type="checkbox"/> S <input type="checkbox"/> C <input type="checkbox"/> P <input type="checkbox"/> R	

REMARKS

EMPTY CONTAINERS

QTY

EXCHANGED @ PICKUP

GENERATOR SIGNATURE

DATE

WEIGHMASTER SIGNATURE

DATE

T.C.I. FACILITY AUTHORIZED AGENT

DATE

NO.

34555

(DATE WASTE WAS RECEIVED BY TREATMENT FACILITY)

MEDICAL WASTE TREATMENT BY

MEDICAL WASTE TSD FACILITY • THERMAL COMBUSTION INNOVATORS INC.

241 WEST LAUREL ST., COLTON, CA 92324 • EPA NO. CAD 981433873

WEIGHMASTER LICENSE NO. 6843

CERTIFICATION OF MEDICAL WASTE TREATMENT / DISPOSAL
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**TCI MEDICAL WASTE
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"EXCELLENCE IN WASTE DISPOSAL"


(909) 370-0730 FAX (909) 370-0163
241 W. LAUREL STREET • COLTON, CA 92324

HAZARDOUS WASTE HAULER REGISTRATION # 1431

MEDICAL WASTE TRACKING DOCUMENT

GENERATOR NAME Medomell Douglas Co TELEPHONE NUMBER _____
SUITE NO. / STREET ADDRESS _____ CITY Yorba Linda

DATE Dec. 30 1993 TIME OF WASTE REMOVAL - GENERATOR SITE 12:15 TCI DRIVER Chas

ITEM	CONTAINER SERIAL NO.	COLUMN "A" WEIGHT	COLUMN "B" NET WT/LBS.	WASTE LEGEND	TRACKING INFORMATION
1	<u>no waste</u>			<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	<p>Legend — Type of Medical Waste B - Biohazardous Waste (Red Bag and Sharps Waste) S - Sharps Waste Only C - Chemotherapy Waste (Trace) P - Path (Human Tissues) Waste R - Other/Special - See Remarks</p> <p>NOTE: Weight shown in Column "A" are reasonable estimates only, used for waste tracking document requirements, and cannot be used for invoicing purposes.</p> <p>NOTE: Weight shown in Column "B" is exact weight of waste (less tare weight of rigid container), can be used for invoicing purposes. Weights are taken and determined at the T.C.I. Facility by a certified deputy weighmaster on weighmaster certified/permitted scales.</p> 
2				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
3				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
4				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
5				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
6				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
7				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
8				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
9				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
10				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
11				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
12				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	

REMARKS

EMPTY CONTAINERS

QTY

EXCHANGED @ PICKUP

GENERATOR SIGNATURE

DATE

WEIGHMASTER SIGNATURE

DATE

T.C.I. FACILITY AUTHORIZED AGENT

DATE

(DATE WASTE WAS RECEIVED BY TREATMENT FACILITY)

NO. **35053**

MEDICAL WASTE TREATMENT BY

MEDICAL WASTE TSD FACILITY • THERMAL COMBUSTION INNOVATORS INC.

241 WEST LAUREL ST., COLTON, CA 92324 • EPA NO. CAD 981433873

WEIGHMASTER LICENSE NO. 6843

CERTIFICATION OF MEDICAL WASTE TREATMENT / DISPOSAL
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**TCI MEDICAL WASTE
DISPOSAL SERVICE**
"EXCELLENCE IN WASTE DISPOSAL"

(909) 370-0730 FAX (909) 370-0163


241 W. LAUREL STREET • COLTON, CA 92324

HAZARDOUS WASTE HAULER REGISTRATION # 1431

MEDICAL WASTE TRACKING DOCUMENT

GENERATOR NAME Medonnell Douglas TELEPHONE NUMBER _____
SUITE NO. / STREET ADDRESS _____ CITY _____

DATE Jan. 3 1994 TIME OF WASTE REMOVAL - GENERATOR SITE 9:12 TCI DRIVER Edgar

ITEM	CONTAINER SERIAL NO.	COLUMN "A" WEIGHT	COLUMN "B" NET WT/LBS.	WASTE LEGEND	TRACKING INFORMATION
1	<u>Red waste</u>			<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	Legend — Type of Medical Waste B - Biohazardous Waste (Red Bag and Sharps Waste) S - Sharps Waste Only C - Chemotherapy Waste (Trace) P - Path (Human Tissues) Waste R - Other/Special - See Remarks
2				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	<p>NOTE: Weight shown in Column "A" are reasonable estimates only, used for waste tracking document requirements, and cannot be used for invoicing purposes.</p> <p>NOTE: Weight shown in Column "B" is exact weight of waste (less tare weight of rigid container), can be used for invoicing purposes. Weights are taken and determined at the T.C.I. Facility by a certified deputy weighmaster on weighmaster certified/permitted scales.</p> 
3				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
4				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
5				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
6				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
7				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
8				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
9				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
11				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
12				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	

REMARKS

EMPTY CONTAINERS

QTY

EXCHANGED @ PICKUP

GENERATOR SIGNATURE

DATE

WEIGHMASTER SIGNATURE

DATE

T.C.I. FACILITY AUTHORIZED AGENT

DATE

NO.

35078

(DATE WASTE WAS RECEIVED BY TREATMENT FACILITY)

MEDICAL WASTE TREATMENT BY

MEDICAL WASTE TSD FACILITY • THERMAL COMBUSTION INNOVATORS INC.

241 WEST LAUREL ST., COLTON, CA 92324 • EPA NO. CAD 981433873

WEIGHMASTER LICENSE NO. 6843

**CERTIFICATION OF MEDICAL WASTE TREATMENT / DISPOSAL
GENERATORS - COPY**



TCI MEDICAL WASTE DISPOSAL SERVICE

"EXCELLENCE IN WASTE DISPOSAL"

(909) 370-0730 FAX (909) 370-0163


241 W. LAUREL STREET • COLTON, CA 92324

HAZARDOUS WASTE HAULER REGISTRATION # 1431

MEDICAL WASTE TRACKING DOCUMENT

GENERATOR NAME Madonnella Douglas Co. TELEPHONE NUMBER _____
SUITE NO. / STREET ADDRESS _____ CITY Yorba Linda

DATE Jun 6 1994 TIME OF WASTE REMOVAL - GENERATOR SITE 1:23 TCI DRIVER Chase

ITEM	CONTAINER SERIAL NO.	COLUMN "A" WEIGHT	COLUMN "B" NET WT/LBS.	WASTE LEGEND	TRACKING INFORMATION
1	<u>no waste</u>			<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	<p>Legend — Type of Medical Waste B - Biohazardous Waste (Red Bag and Sharps Waste) S - Sharps Waste Only C - Chemotherapy Waste (Trace) P - Path (Human Tissues) Waste R - Other/Special - See Remarks</p> <p>NOTE: Weight shown in Column "A" are reasonable estimates only, used for waste tracking document requirements, and cannot be used for invoicing purposes.</p> <p>NOTE: Weight shown in Column "B" is exact weight of waste (less tare weight of rigid container), can be used for invoicing purposes. Weights are taken and determined at the T.C.I. Facility by a certified deputy weighmaster on weighmaster certified/permitted scales.</p> 
2				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
3				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
4				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
5				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
6				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
7				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
8				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
9				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
10				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
11				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
12				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	

REMARKS

EMPTY CONTAINERS

QTY

EXCHANGED @ PICKUP

GENERATOR SIGNATURE

DATE

WEIGHMASTER SIGNATURE

DATE

T.C.I. FACILITY AUTHORIZED AGENT

DATE

NO. **35628**

(DATE WASTE WAS RECEIVED BY TREATMENT FACILITY)

MEDICAL WASTE TREATMENT BY

MEDICAL WASTE TSD FACILITY • THERMAL COMBUSTION INNOVATORS INC.

241 WEST LAUREL ST., COLTON, CA 92324 • EPA NO. CAD 981433873

WEIGHMASTER LICENSE NO. 6843

**CERTIFICATION OF MEDICAL WASTE TREATMENT / DISPOSAL
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**TCI MEDICAL WASTE
DISPOSAL SERVICE**
"EXCELLENCE IN WASTE DISPOSAL"

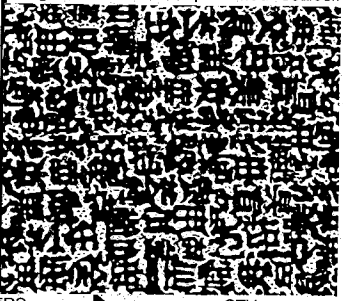
(909) 370-0730 FAX (909) 370-0163
241 W. LAUREL STREET • COLTON, CA 92324

HAZARDOUS WASTE HAULER REGISTRATION # 1431

MEDICAL WASTE TRACKING DOCUMENT

GENERATOR NAME McDonnell Douglas TELEPHONE NUMBER _____
SUITE NO. / STREET ADDRESS _____ CITY Orange TCI DRIVER Shawn

DATE Jan 10, 1994 TIME OF WASTE REMOVAL - GENERATOR SITE 10:43

ITEM	CONTAINER SERIAL NO.	COLUMN "A" WEIGHT	COLUMN "B" NET WT/LBS.	WASTE LEGEND	TRACKING INFORMATION
1	<u>no waste</u>			B <input type="checkbox"/> P S <input type="checkbox"/> R C <input type="checkbox"/>	<p>Legend — Type of Medical Waste B - Biohazardous Waste (Red Bag and Sharps Waste) S - Sharps Waste Only C - Chemotherapy Waste (Trace) P - Path (Human Tissues) Waste R - Other/Special - See Remarks</p> <p>NOTE: Weight shown in Column "A" are reasonable estimates only, used for waste tracking document requirements, and cannot be used for invoicing purposes.</p> <p>NOTE: Weight shown in Column "B" is exact weight of waste (less tare weight of rigid container), can be used for invoicing purposes. Weights are taken and determined at the T.C.I. Facility by a certified deputy weighmaster on weighmaster certified/permitted scales.</p> 
2				B <input type="checkbox"/> P S <input type="checkbox"/> R C <input type="checkbox"/>	
3				B <input type="checkbox"/> P S <input type="checkbox"/> R C <input type="checkbox"/>	
4				B <input type="checkbox"/> P S <input type="checkbox"/> R C <input type="checkbox"/>	
5				B <input type="checkbox"/> P S <input type="checkbox"/> R C <input type="checkbox"/>	
6				B <input type="checkbox"/> P S <input type="checkbox"/> R C <input type="checkbox"/>	
7				B <input type="checkbox"/> P S <input type="checkbox"/> R C <input type="checkbox"/>	
8				B <input type="checkbox"/> P S <input type="checkbox"/> R C <input type="checkbox"/>	
9				B <input type="checkbox"/> P S <input type="checkbox"/> R C <input type="checkbox"/>	
10				B <input type="checkbox"/> P S <input type="checkbox"/> R C <input type="checkbox"/>	
11				B <input type="checkbox"/> P S <input type="checkbox"/> R C <input type="checkbox"/>	
12				B <input type="checkbox"/> P S <input type="checkbox"/> R C <input type="checkbox"/>	

REMARKS

EMPTY CONTAINERS

QTY

EXCHANGED @ PICKUP

GENERATOR SIGNATURE

DATE

WEIGHMASTER SIGNATURE

DATE

T.C.I. FACILITY AUTHORIZED AGENT

DATE

NO.

35962

(DATE WASTE WAS RECEIVED BY TREATMENT FACILITY)

MEDICAL WASTE TREATMENT BY

MEDICAL WASTE TSD FACILITY • THERMAL COMBUSTION INNOVATORS INC.

241 WEST LAUREL ST., COLTON, CA 92324 • EPA NO. CAD 981433873

WEIGHMASTER LICENSE NO. 6843

CERTIFICATION OF MEDICAL WASTE TREATMENT / DISPOSAL

GENERATORS - COPY



TCI MEDICAL WASTE DISPOSAL SERVICE

"EXCELLENCE IN WASTE DISPOSAL"

(909) 370-0730 FAX (909) 370-0163


241 W. LAUREL STREET • COLTON, CA 92324

HAZARDOUS WASTE HAULER REGISTRATION # 1431

MEDICAL WASTE TRACKING DOCUMENT

GENERATOR NAME Medcon Health Services Co TELEPHONE NUMBER _____
SUITE NO. / STREET ADDRESS _____ CITY Corona

DATE Jun 13, 1994 TIME OF WASTE REMOVAL - GENERATOR SITE 11:27 TCI DRIVER Chico

ITEM	CONTAINER SERIAL NO.	COLUMN "A" WEIGHT	COLUMN "B" NET WT/LBS.	WASTE LEGEND	TRACKING INFORMATION
1	<u>no waste</u>			<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	<p>Legend — Type of Medical Waste B - Biohazardous Waste (Red Bag and Sharps Waste) S - Sharps Waste Only C - Chemotherapy Waste (Trace) P - Path (Human Tissues) Waste R - Other/Special - See Remarks</p> <p>NOTE: Weight shown in Column "A" are reasonable estimates only, used for waste tracking document requirements, and cannot be used for invoicing purposes.</p> <p>NOTE: Weight shown in Column "B" is exact weight of waste (less tare weight of rigid container), can be used for invoicing purposes. Weights are taken and determined at the T.C.I. Facility by a certified deputy weighmaster on weighmaster certified/permitted scales.</p> 
2				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
3				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
4				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
5				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
6				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
7				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
8				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
9				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
10				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
11				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
12				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	

REMARKS

EMPTY CONTAINERS

QTY

EXCHANGED @ PICKUP

GENERATOR SIGNATURE

DATE

WEIGHMASTER SIGNATURE

DATE

T.C.I. FACILITY AUTHORIZED AGENT

DATE

NO.

36412

(DATE WASTE WAS RECEIVED BY TREATMENT FACILITY)

MEDICAL WASTE TREATMENT BY

MEDICAL WASTE TSD FACILITY • THERMAL COMBUSTION INNOVATORS INC.

241 WEST LAUREL ST., COLTON, CA 92324 • EPA NO. CAD 981433873

WEIGHMASTER LICENSE NO. 6843

CERTIFICATION OF MEDICAL WASTE TREATMENT / DISPOSAL

GENERATORS - COPY



TCI MEDICAL WASTE DISPOSAL SERVICE

"EXCELLENCE IN WASTE DISPOSAL"

(909) 370-0730 FAX (909) 370-0163


241 W. LAUREL STREET • COLTON, CA 92324

HAZARDOUS WASTE HAULER REGISTRATION # 1431

MEDICAL WASTE TRACKING DOCUMENT

GENERATOR NAME Medonnell Douglas TELEPHONE NUMBER _____
SUITE NO. / STREET ADDRESS _____ CITY Loraine

DATE Jan 12, 1994 TIME OF WASTE REMOVAL - GENERATOR SITE 9:04 TCI DRIVER Elise

ITEM	CONTAINER SERIAL NO.	COLUMN "A" WEIGHT	COLUMN "B" NET WT/LBS.	WASTE LEGEND	TRACKING INFORMATION
1	<u>no mark</u>	<u>and closed</u>		<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	Legend — Type of Medical Waste B - Biohazardous Waste (Red Bag and Sharps Waste) S - Sharps Waste Only C - Chemotherapy Waste (Trace) P - Path (Human Tissues) Waste R - Other/Special - See Remarks
2				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	<p>NOTE: Weight shown in Column "A" are reasonable estimates only, used for waste tracking document requirements, and cannot be used for invoicing purposes.</p> <p>NOTE: Weight shown in Column "B" is exact weight of waste (less tare weight of rigid container), can be used for invoicing purposes. Weights are taken and determined at the T.C.I. Facility by a certified deputy weighmaster on weighmaster certified/permitted scales.</p> 
3				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
4				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
5				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
6				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
7				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
8				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
9				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
10				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
11				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
12				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	

REMARKS _____

EMPTY CONTAINERS _____ QTY _____

EXCHANGED @ PICKUP _____

GENERATOR SIGNATURE _____ DATE _____

WEIGHMASTER SIGNATURE _____ DATE Jan 12, 1994

T.C.I. FACILITY AUTHORIZED AGENT _____ DATE _____

(DATE WASTE WAS RECEIVED BY TREATMENT FACILITY) _____

NO. **36444**

MEDICAL WASTE TREATMENT BY
MEDICAL WASTE TSD FACILITY • THERMAL COMBUSTION INNOVATORS INC.
241 WEST LAUREL ST., COLTON, CA 92324 • EPA NO. CAD 981433873
WEIGHMASTER LICENSE NO. 6843
CERTIFICATION OF MEDICAL WASTE TREATMENT / DISPOSAL
GENERATORS - COPY



**TCI MEDICAL WASTE
DISPOSAL SERVICE**
"EXCELLENCE IN WASTE DISPOSAL"

(909) 370-0730 FAX (909) 370-0163

241 W. LAUREL STREET • COLTON, CA 92324

HAZARDOUS WASTE HAULER REGISTRATION # 1431

MEDICAL WASTE TRACKING DOCUMENT

GENERATOR NAME McDonnell Douglas Co. TELEPHONE NUMBER _____
SUITE NO. / STREET ADDRESS _____ CITY Yorba Linda

DATE Jan 20, 1994 TIME OF WASTE REMOVAL - GENERATOR SITE 1:23 TCI DRIVER Edgar

ITEM	CONTAINER SERIAL NO.	COLUMN "A" WEIGHT	COLUMN "B" NET WT/LBS.	WASTE LEGEND	TRACKING INFORMATION
1	<u>ng waste</u>			<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	Legend — Type of Medical Waste B - Biohazardous Waste (Red Bag and Sharps Waste) S - Sharps Waste Only C - Chemotherapy Waste (Trace) P - Path (Human Tissues) Waste R - Other/Special - See Remarks
2				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	NOTE: Weight shown in Column "A" are reasonable estimates only, used for waste tracking document requirements, and can- not be used for invoicing purposes. NOTE: Weight shown in Column "B" is ex- act weight of waste (less tare weight of rigid container), can be used for invoicing purposes. Weights are taken and determined at the T.C.I. Facility by a certified deputy weighmaster on weighmaster certified/permitted scales.
3				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
4				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
5				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
6				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
7				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
8				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
9				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
10				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
11				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
12				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	

REMARKS

EMPTY CONTAINERS

QTY

EXCHANGED @ PICKUP

GENERATOR SIGNATURE

DATE

WEIGHMASTER SIGNATURE

DATE

T.C.I. FACILITY AUTHORIZED AGENT

DATE

NO. **37404**

(DATE WASTE WAS RECEIVED BY TREATMENT FACILITY)

MEDICAL WASTE TREATMENT BY
MEDICAL WASTE TSD FACILITY • THERMAL COMBUSTION INNOVATORS INC.

241 WEST LAUREL ST., COLTON, CA 92324 • EPA NO. CAD 981433873

WEIGHMASTER LICENSE NO. 6843

CERTIFICATION OF MEDICAL WASTE TREATMENT / DISPOSAL
GENERATORS - COPY



TCI MEDICAL WASTE DISPOSAL SERVICE

"EXCELLENCE IN WASTE DISPOSAL"

(909) 370-0730 FAX (909) 370-0163

241 W. LAUREL STREET • COLTON, CA 92324

HAZARDOUS WASTE HAULER REGISTRATION # 1431

MEDICAL WASTE TRACKING DOCUMENT

GENERATOR NAME McDonnell Douglas TELEPHONE NUMBER _____


SUITE NO. / STREET ADDRESS _____

CITY Yorba Linda

DATE Jan 24 1994

TIME OF WASTE REMOVAL - GENERATOR SITE 9:00

TCI DRIVER Eliseo

ITEM	CONTAINER SERIAL NO.	COLUMN "A" WEIGHT	COLUMN "B" NET WT/LBS.	WASTE LEGEND	TRACKING INFORMATION
1	<u>no waste</u>			<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	<p>Legend — Type of Medical Waste B - Biohazardous Waste (Red Bag and Sharps Waste) S - Sharps Waste Only C - Chemotherapy Waste (Trace) P - Path (Human Tissues) Waste R - Other/Special - See Remarks</p> <p>NOTE: Weight shown in Column "A" are reasonable estimates only, used for waste tracking document requirements, and cannot be used for invoicing purposes.</p> <p>NOTE: Weight shown in Column "B" is exact weight of waste (less tare weight of rigid container), can be used for invoicing purposes. Weights are taken and determined at the T.C.I. Facility by a certified deputy weighmaster on weighmaster certified/permited scales.</p> 
2				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
3				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
4				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
5				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
6				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
7				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
8				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
9				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
10				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
11				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
12				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	

REMARKS _____

EMPTY CONTAINERS

QTY

EXCHANGED @ PICKUP

GENERATOR SIGNATURE _____

DATE

WEIGHMASTER SIGNATURE _____

DATE Jan 24 94

T.C.I. FACILITY AUTHORIZED AGENT _____

DATE

NO.

37436

(DATE WASTE WAS RECEIVED BY TREATMENT FACILITY)

MEDICAL WASTE TREATMENT BY
MEDICAL WASTE TSD FACILITY • THERMAL COMBUSTION INNOVATORS INC.
241 WEST LAUREL ST., COLTON, CA 92324 • EPA NO. CAD 981433873
WEIGHMASTER LICENSE NO. 6843

**CERTIFICATION OF MEDICAL WASTE TREATMENT / DISPOSAL
GENERATORS - COPY**



TCI MEDICAL WASTE DISPOSAL SERVICE

"EXCELLENCE IN WASTE DISPOSAL"

(909) 370-0730 FAX (909) 370-0163


241 W. LAUREL STREET • COLTON, CA 92324

HAZARDOUS WASTE HAULER REGISTRATION # 1431

MEDICAL WASTE TRACKING DOCUMENT

GENERATOR NAME Medonnell Douglas Co. TELEPHONE NUMBER _____
SUITE NO. / STREET ADDRESS _____ CITY Yorba Linda

DATE Jan 27 1994 TIME OF WASTE REMOVAL - GENERATOR SITE 12:55 TCI DRIVER Chris

ITEM	CONTAINER SERIAL NO.	COLUMN "A" WEIGHT	COLUMN "B" NET WT/LBS.	WASTE LEGEND	TRACKING INFORMATION
1	<u>no waste</u>			B <input type="checkbox"/> P S <input type="checkbox"/> R C <input type="checkbox"/>	<p>Legend — Type of Medical Waste B - Biohazardous Waste (Red Bag and Sharps Waste) S - Sharps Waste Only C - Chemotherapy Waste (Trace) P - Path (Human Tissues) Waste R - Other/Special - See Remarks</p> <p>NOTE: Weight shown in Column "A" are reasonable estimates only, used for waste tracking document requirements, and cannot be used for invoicing purposes.</p> <p>NOTE: Weight shown in Column "B" is exact weight of waste (less tare weight of rigid container), can be used for invoicing purposes. Weights are taken and determined at the T.C.I. Facility by a certified deputy weighmaster on weighmaster certified/permitted scales.</p> 
2				B <input type="checkbox"/> P S <input type="checkbox"/> R C <input type="checkbox"/>	
3				B <input type="checkbox"/> P S <input type="checkbox"/> R C <input type="checkbox"/>	
4				B <input type="checkbox"/> P S <input type="checkbox"/> R C <input type="checkbox"/>	
5				B <input type="checkbox"/> P S <input type="checkbox"/> R C <input type="checkbox"/>	
6				B <input type="checkbox"/> P S <input type="checkbox"/> R C <input type="checkbox"/>	
7				B <input type="checkbox"/> P S <input type="checkbox"/> R C <input type="checkbox"/>	
8				B <input type="checkbox"/> P S <input type="checkbox"/> R C <input type="checkbox"/>	
9				B <input type="checkbox"/> P S <input type="checkbox"/> R C <input type="checkbox"/>	
10				B <input type="checkbox"/> P S <input type="checkbox"/> R C <input type="checkbox"/>	
11				B <input type="checkbox"/> P S <input type="checkbox"/> R C <input type="checkbox"/>	
12				B <input type="checkbox"/> P S <input type="checkbox"/> R C <input type="checkbox"/>	

REMARKS

EMPTY CONTAINERS

QTY

EXCHANGED @ PICKUP

GENERATOR SIGNATURE

DATE

WEIGHMASTER SIGNATURE

DATE Jan 27 1994

T.C.I. FACILITY AUTHORIZED AGENT

DATE

NO. **37928**

(DATE WASTE WAS RECEIVED BY TREATMENT FACILITY)

MEDICAL WASTE TREATMENT BY
MEDICAL WASTE TSD FACILITY • THERMAL COMBUSTION INNOVATORS INC.
241 WEST LAUREL ST., COLTON, CA 92324 • EPA NO. CAD 981433873
WEIGHMASTER LICENSE NO. 6843

CERTIFICATION OF MEDICAL WASTE TREATMENT / DISPOSAL
GENERATORS - COPY



**TCI MEDICAL WASTE
DISPOSAL SERVICE**
"EXCELLENCE IN WASTE DISPOSAL"

(909) 370-0730 FAX (909) 370-0163

241 W. LAUREL STREET • COLTON, CA 92324

HAZARDOUS WASTE HAULER REGISTRATION # 1431

MEDICAL WASTE TRACKING DOCUMENT



GENERATOR NAME

TELEPHONE NUMBER


SUITE NO. / STREET ADDRESS

CITY

DATE

TIME OF WASTE REMOVAL - GENERATOR SITE

TCI DRIVER

ITEM	CONTAINER SERIAL NO.	COLUMN "A" WEIGHT	COLUMN "B" NET WT/LBS.	WASTE LEGEND	TRACKING INFORMATION
1	no waste			B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C <input type="checkbox"/>	Legend — Type of Medical Waste B - Biohazardous Waste (Red Bag and Sharps Waste) S - Sharps Waste Only C - Chemotherapy Waste (Trace) P - Path (Human Tissues) Waste R - Other/Special - See Remarks
2				B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C <input type="checkbox"/>	NOTE: Weight shown in Column "A" are reasonable estimates only, used for waste tracking document requirements, and can- not be used for invoicing purposes.
3				B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C <input type="checkbox"/>	
4				B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C <input type="checkbox"/>	NOTE: Weight shown in Column "B" is ex- act weight of waste (less tare weight of rigid container), can be used for invoicing purposes. Weights are taken and determined at the T.C.I. Facility by a certified deputy weighmaster on weighmaster certified/permitted scales.
5				B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C <input type="checkbox"/>	
6				B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C <input type="checkbox"/>	
7				B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C <input type="checkbox"/>	
8				B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C <input type="checkbox"/>	
9				B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C <input type="checkbox"/>	
11				B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C <input type="checkbox"/>	
12				B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C <input type="checkbox"/>	

REMARKS

EMPTY CONTAINERS

QTY

EXCHANGED @ PICKUP

GENERATOR SIGNATURE

DATE

WEIGHMASTER SIGNATURE

DATE

T.C.I. FACILITY AUTHORIZED AGENT

DATE

NO.

38408

(DATE WASTE WAS RECEIVED BY TREATMENT FACILITY)

MEDICAL WASTE TREATMENT BY
MEDICAL WASTE TSD FACILITY • THERMAL COMBUSTION INNOVATORS INC.
241 WEST LAUREL ST., COLTON, CA 92324 • EPA NO. CAD 981433873
WEIGHMASTER LICENSE NO. 6843

CERTIFICATION OF MEDICAL WASTE TREATMENT / DISPOSAL
GENERATORS - COPY



**TCI MEDICAL WASTE
DISPOSAL SERVICE**
"EXCELLENCE IN WASTE DISPOSAL"

(909) 370-0730 FAX (909) 370-0163

241 W. LAUREL STREET • COLTON, CA 92324

HAZARDOUS WASTE HAULER REGISTRATION # 1431

MEDICAL WASTE TRACKING DOCUMENT

GENERATOR NAME McDonnell Douglas Co. TELEPHONE NUMBER _____
SUITE NO. / STREET ADDRESS _____ CITY Long Beach

DATE Feb 3, 1994 TIME OF WASTE REMOVAL - GENERATOR SITE 1:00 TCI DRIVER Ellen

ITEM	CONTAINER SERIAL NO.	COLUMN "A" WEIGHT	COLUMN "B" NET WT/LBS.	WASTE LEGEND	TRACKING INFORMATION
1	<u>no waste</u>			<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	Legend — Type of Medical Waste B - Biohazardous Waste (Red Bag and Sharps Waste) S - Sharps Waste Only C - Chemotherapy Waste (Trace) P - Path (Human Tissues) Waste R - Other/Special - See Remarks NOTE: Weight shown in Column "A" are reasonable estimates only, used for waste tracking document requirements, and cannot be used for invoicing purposes. NOTE: Weight shown in Column "B" is exact weight of waste (less tare weight of rigid container), can be used for invoicing purposes. Weights are taken and determined at the T.C.I. Facility by a certified deputy weighmaster on weighmaster certified/permitted scales.
2				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
3				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
4				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
5				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
6				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
7				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
8				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
9				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
10				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
11				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
12				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	

REMARKS

EMPTY CONTAINERS

QTY

EXCHANGED @ PICKUP

GENERATOR SIGNATURE

DATE

WEIGHMASTER SIGNATURE

DATE

T.C.I. FACILITY AUTHORIZED AGENT

DATE

NO.

38820

(DATE WASTE WAS RECEIVED BY TREATMENT FACILITY)

MEDICAL WASTE TREATMENT BY

MEDICAL WASTE TSD FACILITY • THERMAL COMBUSTION INNOVATORS INC.

241 WEST LAUREL ST., COLTON, CA 92324 • EPA NO. CAD 981433873

WEIGHMASTER LICENSE NO. 6843

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TCI MEDICAL WASTE DISPOSAL SERVICE

"EXCELLENCE IN WASTE DISPOSAL"


(909) 370-0730 FAX (909) 370-0163
241 W. LAUREL STREET • COLTON, CA 92324

HAZARDOUS WASTE HAULER REGISTRATION # 1431

MEDICAL WASTE TRACKING DOCUMENT

GENERATOR NAME Medonell Douglas TELEPHONE NUMBER _____
SUITE NO. / STREET ADDRESS _____ CITY Loraine

DATE Feb 7/1994 TIME OF WASTE REMOVAL - GENERATOR SITE 9:46 TCI DRIVER Chase

ITEM	CONTAINER SERIAL NO.	COLUMN "A" WEIGHT	COLUMN "B" NET WT/LBS.	WASTE LEGEND	TRACKING INFORMATION
1	<u>no waste</u>			B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C <input type="checkbox"/>	<p>Legend — Type of Medical Waste B - Biohazardous Waste (Red Bag and Sharps Waste) S - Sharps Waste Only C - Chemotherapy Waste (Trace) P - Path (Human Tissues) Waste R - Other/Special - See Remarks</p> <p>NOTE: Weight shown in Column "A" are reasonable estimates only, used for waste tracking document requirements, and cannot be used for invoicing purposes.</p> <p>NOTE: Weight shown in Column "B" is exact weight of waste (less tare weight of rigid container), can be used for invoicing purposes. Weights are taken and determined at the T.C.I. Facility by a certified deputy weighmaster on weighmaster certified/permitted scales.</p> 
2				B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C <input type="checkbox"/>	
3				B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C <input type="checkbox"/>	
4				B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C <input type="checkbox"/>	
5				B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C <input type="checkbox"/>	
6				B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C <input type="checkbox"/>	
7				B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C <input type="checkbox"/>	
8				B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C <input type="checkbox"/>	
9				B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C <input type="checkbox"/>	
11				B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C <input type="checkbox"/>	
12				B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C <input type="checkbox"/>	

REMARKS

EMPTY CONTAINERS

EXCHANGED @ PICKUP

GENERATOR SIGNATURE

DATE

WEIGHMASTER SIGNATURE

DATE

T.C.I. FACILITY AUTHORIZED AGENT

DATE

NO.

39154

(DATE WASTE WAS RECEIVED BY TREATMENT FACILITY)

MEDICAL WASTE TREATMENT BY

MEDICAL WASTE TSD FACILITY • THERMAL COMBUSTION INNOVATORS INC.

241 WEST LAUREL ST., COLTON, CA 92324 • EPA NO. CAD 981433873

WEIGHMASTER LICENSE NO. 6843

CERTIFICATION OF MEDICAL WASTE TREATMENT / DISPOSAL
GENERATORS - COPY



**TCI MEDICAL WASTE
DISPOSAL SERVICE**
"EXCELLENCE IN WASTE DISPOSAL"

(909) 370-0730 FAX (909) 370-0163

241 W. LAUREL STREET • COLTON, CA 92324

HAZARDOUS WASTE HAULER REGISTRATION # 1431

MEDICAL WASTE TRACKING DOCUMENT



GENERATOR NAME

TELEPHONE NUMBER

SUITE NO. / STREET ADDRESS

CITY

DATE

TIME OF WASTE REMOVAL - GENERATOR SITE

TCI DRIVER

ITEM	CONTAINER SERIAL NO.	COLUMN "A" WEIGHT	COLUMN "B" NET WT/LBS.	WASTE LEGEND	TRACKING INFORMATION
1	no waste			<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	Legend — Type of Medical Waste B - Biohazardous Waste (Red Bag and Sharps Waste) S - Sharps Waste Only C - Chemotherapy Waste (Trace) P - Path (Human Tissues) Waste R - Other/Special - See Remarks
2				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	NOTE: Weight shown in Column "A" are reasonable estimates only, used for waste tracking document requirements, and can- not be used for invoicing purposes.
3				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
4				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	NOTE: Weight shown in Column "B" is ex- act weight of waste (less tare weight of rigid container), can be used for invoicing purposes. Weights are taken and determined at the T.C.I. Facility by a certified deputy weighmaster on weighmaster certified/permitted scales.
5				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
6				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
7				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
8				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
9				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
11				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
12				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	

REMARKS

EMPTY CONTAINERS

QTY

EXCHANGED @ PICKUP

GENERATOR SIGNATURE

DATE

WEIGHMASTER SIGNATURE

DATE

T.C.I. FACILITY AUTHORIZED AGENT

DATE

NO.

39754

(DATE WASTE WAS RECEIVED BY TREATMENT FACILITY)

MEDICAL WASTE TREATMENT BY

MEDICAL WASTE TSD FACILITY • THERMAL COMBUSTION INNOVATORS INC.

241 WEST LAUREL ST., COLTON, CA 92324 • EPA NO. CAD 981433873

WEIGHMASTER LICENSE NO: 6843

CERTIFICATION OF MEDICAL WASTE TREATMENT / DISPOSAL

GENERATORS - COPY



**TCI MEDICAL WASTE
DISPOSAL SERVICE**
"EXCELLENCE IN WASTE DISPOSAL"

(909) 370-0730 FAX (909) 370-0163


241 W. LAUREL STREET • COLTON, CA 92324

HAZARDOUS WASTE HAULER REGISTRATION # 1431

MEDICAL WASTE TRACKING DOCUMENT

GENERATOR NAME Madisonville Douglas TELEPHONE NUMBER _____
SUITE NO. / STREET ADDRESS _____ CITY Madisonville

DATE Feb 15, 1994 TIME OF WASTE REMOVAL - GENERATOR SITE 9:48 TCI DRIVER Elise

ITEM	CONTAINER SERIAL NO.	COLUMN "A" WEIGHT	COLUMN "B" NET WT/LBS.	WASTE LEGEND	TRACKING INFORMATION
1	<u>no waste</u>			<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	<p>Legend — Type of Medical Waste B - Biohazardous Waste (Red Bag and Sharps Waste) S - Sharps Waste Only C - Chemotherapy Waste (Trace) P - Path (Human Tissues) Waste R - Other/Special - See Remarks</p> <p>NOTE: Weight shown in Column "A" are reasonable estimates only, used for waste tracking document requirements, and cannot be used for invoicing purposes.</p> <p>NOTE: Weight shown in Column "B" is exact weight of waste (less tare weight of rigid container), can be used for invoicing purposes. Weights are taken and determined at the T.C.I. Facility by a certified deputy weighmaster on weighmaster certified/permitted scales.</p> 
2				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
3				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
4				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
5				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
6				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
7				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
8				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
9				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
10				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
11				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
12				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	

REMARKS

EMPTY CONTAINERS

QTY

EXCHANGED @ PICKUP

GENERATOR SIGNATURE

DATE

WEIGHMASTER SIGNATURE

DATE

T.C.I. FACILITY AUTHORIZED AGENT

DATE

NO. **39789**

(DATE WASTE WAS RECEIVED BY TREATMENT FACILITY)

MEDICAL WASTE TREATMENT BY
MEDICAL WASTE TSD FACILITY • THERMAL COMBUSTION INNOVATORS INC.
241 WEST LAUREL ST., COLTON, CA 92324 • EPA NO. CAD 981433873
WEIGHMASTER LICENSE NO. 6843

CERTIFICATION OF MEDICAL WASTE TREATMENT / DISPOSAL
GENERATORS - COPY



TCI MEDICAL WASTE DISPOSAL SERVICE

"EXCELLENCE IN WASTE DISPOSAL"


(909) 370-0730 FAX (909) 370-0163

241 W. LAUREL STREET • COLTON, CA 92324

HAZARDOUS WASTE HAULER REGISTRATION # 1431

MEDICAL WASTE TRACKING DOCUMENT

GENERATOR NAME McDonnell Douglas Co TELEPHONE NUMBER _____
SUITE NO. / STREET ADDRESS _____ CITY Torrance
DATE Feb. 17, 1994 TIME OF WASTE REMOVAL - GENERATOR SITE 2:12 TCI DRIVER Steve

ITEM	CONTAINER SERIAL NO.	COLUMN "A" WEIGHT	COLUMN "B" NET WT/LBS.	WASTE LEGEND	TRACKING INFORMATION
1	<u>no waste</u>			<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	<p>Legend — Type of Medical Waste B - Biohazardous Waste (Red Bag and Sharps Waste) S - Sharps Waste Only C - Chemotherapy Waste (Trace) P - Path (Human Tissues) Waste R - Other/Special - See Remarks</p> <p>NOTE: Weight shown in Column "A" are reasonable estimates only, used for waste tracking document requirements, and cannot be used for invoicing purposes.</p> <p>NOTE: Weight shown in Column "B" is actual weight of waste (less tare weight of rigid container), can be used for invoicing purposes. Weights are taken and determined at the T.C.I. Facility by a certified deputy weighmaster or weighmaster certified/permitted scales.</p> 
2				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
3				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
4				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
5				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
6				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
7				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
8				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
9				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
11				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
12				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	

REMARKS

EMPTY CONTAINERS

QTY

EXCHANGED @ PICKUP

GENERATOR SIGNATURE

DATE

WEIGHMASTER SIGNATURE

DATE

T.C.I. FACILITY AUTHORIZED AGENT

DATE

NO.

40369

(DATE WASTE WAS RECEIVED BY TREATMENT FACILITY)

MEDICAL WASTE TREATMENT BY

MEDICAL WASTE TSD FACILITY • THERMAL COMBUSTION INNOVATORS INC.

241 WEST LAUREL ST., COLTON, CA 92324 • EPA NO. CAD 981433873

WEIGHMASTER LICENSE NO. 6843

CERTIFICATION OF MEDICAL WASTE TREATMENT / DISPOSAL
GENERATORS - COPY



**TCI MEDICAL WASTE
DISPOSAL SERVICE**
"EXCELLENCE IN WASTE DISPOSAL"

(909) 370-0730 FAX (909) 370-0163
241 W. LAUREL STREET • COLTON, CA 92324

HAZARDOUS WASTE HAULER REGISTRATION # 1431

MEDICAL WASTE TRACKING DOCUMENT

GENERATOR NAME

TELEPHONE NUMBER

SUITE NO. / STREET ADDRESS

CITY

DATE

TIME OF WASTE REMOVAL - GENERATOR SITE

TCI DRIVER

ITEM	CONTAINER SERIAL NO.	COLUMN "A" WEIGHT	COLUMN "B" NET WT/LBS.	WASTE LEGEND	TRACKING INFORMATION
1	no waste			<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	Legend — Type of Medical Waste B - Biohazardous Waste (Red Bag and Sharps Waste) S - Sharps Waste Only C - Chemotherapy Waste (Trace) P - Path (Human Tissues) Waste R - Other/Special - See Remarks
2				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	NOTE: Weight shown in Column "A" are reasonable estimates only, used for waste tracking document requirements, and can- not be used for invoicing purposes. NOTE: Weight shown in Column "B" is ex- act weight of waste (less tare weight of rigid container), can be used for invoicing purposes. Weights are taken and determined at the T.C.I. Facility by a certified deputy weighmaster on weighmaster certified/permitted scales.
3				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
4				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
5				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
6				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
7				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
8				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
9				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
11				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
12				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	

REMARKS

EMPTY CONTAINERS

QTY

EXCHANGED @ PICKUP

GENERATOR SIGNATURE

DATE

WEIGHMASTER SIGNATURE

DATE

T.C.I. FACILITY AUTHORIZED AGENT

DATE

NO.

40753

(DATE WASTE WAS RECEIVED BY TREATMENT FACILITY)

MEDICAL WASTE TREATMENT BY
MEDICAL WASTE TSD FACILITY • THERMAL COMBUSTION INNOVATORS INC.
241 WEST LAUREL ST., COLTON, CA 92324 • EPA NO. CAD 981433873
WEIGHMASTER LICENSE NO. 6843

CERTIFICATION OF MEDICAL WASTE TREATMENT / DISPOSAL
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**TCI MEDICAL WASTE
DISPOSAL SERVICE**
"EXCELLENCE IN WASTE DISPOSAL"

(909) 370-0730 FAX (909) 370-0163

241 W. LAUREL STREET • COLTON, CA 92324

HAZARDOUS WASTE HAULER REGISTRATION # 1431

MEDICAL WASTE TRACKING DOCUMENT

GENERATOR NAME

TELEPHONE NUMBER

SUITE NO. / STREET ADDRESS

CITY

DATE

TIME OF WASTE REMOVAL - GENERATOR SITE

TCI DRIVER

ITEM	CONTAINER SERIAL NO.	COLUMN "A" WEIGHT	COLUMN "B" NET WT/LBS.	WASTE LEGEND	TRACKING INFORMATION
1				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	Legend — Type of Medical Waste B - Biohazardous Waste (Red Bag and Sharps Waste) S - Sharps Waste Only C - Chemotherapy Waste (Trace) P - Path (Human Tissues) Waste R - Other/Special - See Remarks
2				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
3				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
4				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	NOTE: Weight shown in Column "A" are reasonable estimates only, used for waste tracking document requirements, and can not be used for invoicing purposes.
5				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
6				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	NOTE: Weight shown in Column "B" is ex- act weight of waste (less tare weight of rigid container), can be used for invoicing purposes. Weights are taken and determined at the T.C.I. Facility by a certified deputy weighmaster on weighmaster certified/permited scales.
7				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
8				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
9				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
10				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
11				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
12				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	

REMARKS

EMPTY CONTAINERS

QTY

EXCHANGED @ PICKUP

GENERATOR SIGNATURE

DATE

WEIGHMASTER SIGNATURE

DATE

T.C.I. FACILITY AUTHORIZED AGENT

DATE

NO.

41201

(DATE WASTE WAS RECEIVED BY TREATMENT FACILITY)

MEDICAL WASTE TREATMENT BY

MEDICAL WASTE TSD FACILITY • THERMAL COMBUSTION INNOVATORS INC.

241 WEST LAUREL ST., COLTON, CA 92324 • EPA NO. CAD 981433873

WEIGHMASTER LICENSE NO. 6843

**CERTIFICATION OF MEDICAL WASTE TREATMENT / DISPOSAL
GENERATORS - COPY**



**TCI MEDICAL WASTE
DISPOSAL SERVICE**
"EXCELLENCE IN WASTE DISPOSAL"

(909) 370-0730 FAX (909) 370-0163

241 W. LAUREL STREET • COLTON, CA 92324

HAZARDOUS WASTE HAULER REGISTRATION # 1431

MEDICAL WASTE TRACKING DOCUMENT

GENERATOR NAME MC DONNELL DOUGLAS TELEPHONE NUMBER _____
SUITE NO. / STREET ADDRESS _____ CITY _____

DATE 2/2/94 TIME OF WASTE REMOVAL - GENERATOR SITE 9:30 TCI DRIVER ELLIS/CO

ITEM	CONTAINER SERIAL NO.	COLUMN "A" WEIGHT	COLUMN "B" NET WT/LBS.	WASTE LEGEND	TRACKING INFORMATION
1	<u>NO WASTE</u>			<input checked="" type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	Legend — Type of Medical Waste B - Biohazardous Waste (Red Bag and Sharps Waste) S - Sharps Waste Only C - Chemotherapy Waste (Trace) P - Path (Human Tissues) Waste R - Other/Special - See Remarks
2				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	NOTE: Weight shown in Column "A" are reasonable estimates only, used for waste tracking document requirements, and can- not be used for invoicing purposes. NOTE: Weight shown in Column "B" is ex- act weight of waste (less tare weight of rigid container), can be used for invoicing purposes. Weights are taken and determined at the T.C.I. Facility by a certified deputy weighmaster on weighmaster certified/permitted scales.
3				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
4				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
5				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
6				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
7				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
8				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
9				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
11				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
12				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	

REMARKS _____

EMPTY CONTAINERS _____ QTY _____
EXCHANGED @ PICKUP _____
GENERATOR SIGNATURE _____ DATE 2/2/94
WEIGHMASTER SIGNATURE _____ DATE _____
T.C.I. FACILITY AUTHORIZED AGENT _____ DATE _____
(DATE WASTE WAS RECEIVED BY TREATMENT FACILITY) _____

NO. **41518**

MEDICAL WASTE TREATMENT BY
MEDICAL WASTE TSD FACILITY • THERMAL COMBUSTION INNOVATORS INC.
241 WEST LAUREL ST., COLTON, CA 92324 • EPA NO. CAD 981433873
WEIGHMASTER LICENSE NO. 6843

**CERTIFICATION OF MEDICAL WASTE TREATMENT / DISPOSAL
GENERATORS - COPY**



TCI MEDICAL WASTE DISPOSAL SERVICE

"EXCELLENCE IN WASTE DISPOSAL"

(909) 370-0730 FAX (909) 370-0163

241 W. LAUREL STREET • COLTON, CA 92324

HAZARDOUS WASTE HAULER REGISTRATION # 1431

MEDICAL WASTE TRACKING DOCUMENT

GENERATOR NAME

SUITE NO. / STREET ADDRESS

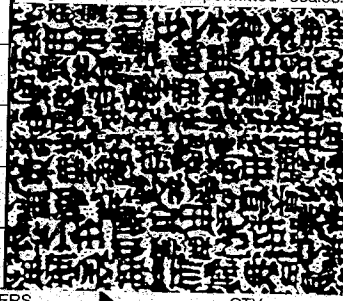
TELEPHONE NUMBER

CITY

DATE

TIME OF WASTE REMOVAL - GENERATOR SITE

TCI DRIVER

ITEM	CONTAINER SERIAL NO.	COLUMN "A" WEIGHT	COLUMN "B" NET WT/LBS.	WASTE LEGEND	TRACKING INFORMATION
1	no waste			<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	Legend — Type of Medical Waste B - Biohazardous Waste (Red Bag and Sharps Waste) S - Sharps Waste Only C - Chemotherapy Waste (Trace) P - Path (Human Tissues) Waste R - Other/Special - See Remarks
2				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	<p>NOTE: Weight shown in Column "A" are reasonable estimates only, used for waste tracking document requirements, and cannot be used for invoicing purposes.</p> <p>NOTE: Weight shown in Column "B" is exact weight of waste (less tare weight of rigid container), can be used for invoicing purposes. Weights are taken and determined at the T.C.I. Facility by a certified deputy weighmaster on weighmaster certified/permitted scales.</p> 
3				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
4				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
5				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
6				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
7				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
8				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
9				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
10				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
11				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
12				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	

REMARKS

EMPTY CONTAINERS

EXCHANGED @ PICKUP

GENERATOR SIGNATURE

DATE

WEIGHMASTER SIGNATURE

DATE

T.C.I. FACILITY AUTHORIZED AGENT

DATE

NO.

41768

(DATE WASTE WAS RECEIVED BY TREATMENT FACILITY)

MEDICAL WASTE TREATMENT BY

MEDICAL WASTE TSD FACILITY • THERMAL COMBUSTION INNOVATORS INC.

241 WEST LAUREL ST., COLTON, CA 92324 • EPA NO. CAD 981433873

WEIGHMASTER LICENSE NO. 6843

CERTIFICATION OF MEDICAL WASTE TREATMENT / DISPOSAL
GENERATORS - COPY



**TCI MEDICAL WASTE
DISPOSAL SERVICE**
"EXCELLENCE IN WASTE DISPOSAL"

(909) 370-0730 FAX (909) 370-0163

241 W. LAUREL STREET • COLTON, CA 92324

HAZARDOUS WASTE HAULER REGISTRATION # 1431

MEDICAL WASTE TRACKING DOCUMENT

GENERATOR NAME McDonnell Douglas TELEPHONE NUMBER _____
SUITE NO. / STREET ADDRESS _____ CITY Yorba Linda

DATE Mar 7 1994 TIME OF WASTE REMOVAL - GENERATOR SITE 1122 TCI DRIVER Shaw

ITEM	CONTAINER SERIAL NO.	COLUMN "A" WEIGHT	COLUMN "B" NET WT/LBS.	WASTE LEGEND	TRACKING INFORMATION
1	<u>no waste</u>			B <input type="checkbox"/> P S <input type="checkbox"/> R C <input type="checkbox"/>	Legend — Type of Medical Waste B - Biohazardous Waste (Red Bag and Sharps Waste) S - Sharps Waste Only C - Chemotherapy Waste (Trace) P - Path (Human Tissues) Waste R - Other/Special - See Remarks NOTE: Weight shown in Column "A" are reasonable estimates only, used for waste tracking document requirements, and cannot be used for invoicing purposes. NOTE: Weight shown in Column "B" is exact weight of waste (less tare weight of rigid container), can be used for invoicing purposes. Weights are taken and determined at the T.C.I. Facility by a certified deputy weighmaster on weighmaster certified/permitted scales.
2				B <input type="checkbox"/> P S <input type="checkbox"/> R C <input type="checkbox"/>	
3				B <input type="checkbox"/> P S <input type="checkbox"/> R C <input type="checkbox"/>	
4				B <input type="checkbox"/> P S <input type="checkbox"/> R C <input type="checkbox"/>	
5				B <input type="checkbox"/> P S <input type="checkbox"/> R C <input type="checkbox"/>	
6				B <input type="checkbox"/> P S <input type="checkbox"/> R C <input type="checkbox"/>	
7				B <input type="checkbox"/> P S <input type="checkbox"/> R C <input type="checkbox"/>	
8				B <input type="checkbox"/> P S <input type="checkbox"/> R C <input type="checkbox"/>	
9				B <input type="checkbox"/> P S <input type="checkbox"/> R C <input type="checkbox"/>	
10				B <input type="checkbox"/> P S <input type="checkbox"/> R C <input type="checkbox"/>	
11				B <input type="checkbox"/> P S <input type="checkbox"/> R C <input type="checkbox"/>	
12				B <input type="checkbox"/> P S <input type="checkbox"/> R C <input type="checkbox"/>	

REMARKS

EMPTY CONTAINERS

QTY

EXCHANGED @ PICKUP

GENERATOR SIGNATURE

DATE

WEIGHMASTER SIGNATURE

DATE

T.C.I. FACILITY AUTHORIZED AGENT

DATE

NO. **42302**

(DATE WASTE WAS RECEIVED BY TREATMENT FACILITY)

MEDICAL WASTE TREATMENT BY
MEDICAL WASTE TSD FACILITY • THERMAL COMBUSTION INNOVATORS INC.
241 WEST LAUREL ST., COLTON, CA 92324 • EPA NO. CAD 981433873
WEIGHMASTER LICENSE NO. 6843

CERTIFICATION OF MEDICAL WASTE TREATMENT / DISPOSAL
GENERATORS - COPY



TCI MEDICAL WASTE DISPOSAL SERVICE

"EXCELLENCE IN WASTE DISPOSAL"

(909) 370-0730 FAX (909) 370-0163

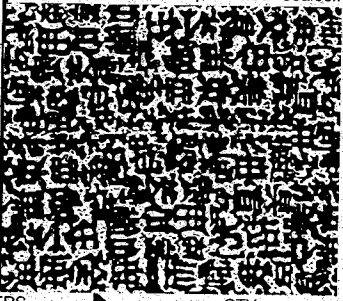
241 W. LAUREL STREET • COLTON, CA 92324

HAZARDOUS WASTE HAULER REGISTRATION # 1431

MEDICAL WASTE TRACKING DOCUMENT

GENERATOR NAME McDonnell Douglas Co. TELEPHONE NUMBER _____
CITY Yorba Linda
SUITE NO. / STREET ADDRESS _____

DATE Mar 10 1994 TIME OF WASTE REMOVAL - GENERATOR SITE 105 TCI DRIVER Eliso

ITEM	CONTAINER SERIAL NO.	COLUMN "A" WEIGHT	COLUMN "B" NET WT/LBS.	WASTE LEGEND	TRACKING INFORMATION
1	<u>no waste</u>			<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	<p>Legend — Type of Medical Waste B - Biohazardous Waste (Red Bag and Sharps Waste) S - Sharps Waste Only C - Chemotherapy Waste (Trace) P - Path (Human Tissues) Waste R - Other/Special - See Remarks</p> <p>NOTE: Weight shown in Column "A" are reasonable estimates only, used for waste tracking document requirements, and cannot be used for invoicing purposes.</p> <p>NOTE: Weight shown in Column "B" is exact weight of waste (less tare weight of rigid container), can be used for invoicing purposes. Weights are taken and determined at the T.C.I. Facility by a certified deputy weighmaster on weighmaster certified/permitted scales.</p> 
2				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
3				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
4				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
5				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
6				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
7				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
8				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
9				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
11				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
12				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	

REMARKS _____

EMPTY CONTAINERS EXCHANGED @ PICKUP ☐ QTY _____

GENERATOR SIGNATURE _____ DATE _____

WEIGHMASTER SIGNATURE _____ DATE _____

T.C.I. FACILITY AUTHORIZED AGENT _____ DATE _____

NO. **42350** (DATE WASTE WAS RECEIVED BY TREATMENT FACILITY) _____

MEDICAL WASTE TREATMENT BY
MEDICAL WASTE TSD FACILITY • THERMAL COMBUSTION INNOVATORS INC.
241 WEST LAUREL ST., COLTON, CA 92324 • EPA NO. CAD 981433873
WEIGHMASTER LICENSE NO. 6843
CERTIFICATION OF MEDICAL WASTE TREATMENT / DISPOSAL
GENERATORS - COPY



**TCI MEDICAL WASTE
DISPOSAL SERVICE**
"EXCELLENCE IN WASTE DISPOSAL"

(909) 370-0730 FAX (909) 370-0163


241 W. LAUREL STREET • COLTON, CA 92324

HAZARDOUS WASTE HAULER REGISTRATION # 1431

MEDICAL WASTE TRACKING DOCUMENT

GENERATOR NAME MC Donnell Douglas TELEPHONE NUMBER _____
SUITE NO. / STREET ADDRESS _____ CITY TORRANCE

DATE 3/14/04 TIME OF WASTE REMOVAL - GENERATOR SITE 10:05 TCI DRIVER Scott

ITEM	CONTAINER SERIAL NO.	COLUMN "A" WEIGHT	COLUMN "B" NET WT/LBS.	WASTE LEGEND	TRACKING INFORMATION
1	100 WASTE			B <input type="checkbox"/> P S <input type="checkbox"/> R C <input type="checkbox"/>	<p>Legend — Type of Medical Waste B - Biohazardous Waste (Red Bag and Sharps Waste) S - Sharps Waste Only C - Chemotherapy Waste (Trace) P - Path (Human Tissues) Waste R - Other/Special - See Remarks</p> <p>NOTE: Weight shown in Column "A" are reasonable estimates only, used for waste tracking document requirements, and can- not be used for invoicing purposes.</p> <p>NOTE: Weight shown in Column "B" is ex- act weight of waste (less tare weight of rigid container), can be used for invoicing purposes. Weights are taken and determined at the T.C.I. Facility by a certified deputy weighmaster on weighmaster certified/permitted scales.</p> 
2				B <input type="checkbox"/> P S <input type="checkbox"/> R C <input type="checkbox"/>	
3				B <input type="checkbox"/> P S <input type="checkbox"/> R C <input type="checkbox"/>	
4				B <input type="checkbox"/> P S <input type="checkbox"/> R C <input type="checkbox"/>	
5				B <input type="checkbox"/> P S <input type="checkbox"/> R C <input type="checkbox"/>	
6				B <input type="checkbox"/> P S <input type="checkbox"/> R C <input type="checkbox"/>	
7				B <input type="checkbox"/> P S <input type="checkbox"/> R C <input type="checkbox"/>	
8				B <input type="checkbox"/> P S <input type="checkbox"/> R C <input type="checkbox"/>	
9				B <input type="checkbox"/> P S <input type="checkbox"/> R C <input type="checkbox"/>	
10				B <input type="checkbox"/> P S <input type="checkbox"/> R C <input type="checkbox"/>	
11				B <input type="checkbox"/> P S <input type="checkbox"/> R C <input type="checkbox"/>	
12				B <input type="checkbox"/> P S <input type="checkbox"/> R C <input type="checkbox"/>	

REMARKS

EMPTY CONTAINERS _____ QTY _____

EXCHANGED @ PICKUP 

GENERATOR SIGNATURE W.D. DATE 3/14/04

WEIGHMASTER SIGNATURE _____

DATE _____

T.C.I. FACILITY AUTHORIZED AGENT _____

DATE _____

NO. **42485**

DATE WASTE WAS RECEIVED BY TREATMENT FACILITY _____

MEDICAL WASTE TREATMENT BY
MEDICAL WASTE TSD FACILITY • THERMAL COMBUSTION INNOVATORS INC.
241 WEST LAUREL ST. COLTON, CA 92324 • EPA NO. CAD 981433873
WEIGHMASTER LICENSE NO. 6843
CERTIFICATION OF MEDICAL WASTE TREATMENT / DISPOSAL
GENERATORS - COPY



TCI MEDICAL WASTE DISPOSAL SERVICE

"EXCELLENCE IN WASTE DISPOSAL"

(909) 370-0730 FAX (909) 370-0163

241 W. LAUREL STREET • COLTON, CA 92324

HAZARDOUS WASTE HAULER REGISTRATION # 1431

MEDICAL WASTE TRACKING DOCUMENT

GENERATOR NAME

McDonnell Douglas Co.
SUITE NO. / STREET ADDRESS

TELEPHONE NUMBER

CITY

DATE

TIME OF WASTE REMOVAL - GENERATOR SITE

TCI DRIVER

Mar 17 1994

1:04

Shane

ITEM	CONTAINER SERIAL NO.	COLUMN "A" WEIGHT	COLUMN "B" NET WT/LBS.	WASTE LEGEND	TRACKING INFORMATION
1	<i>no waste</i>			<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	Legend — Type of Medical Waste B - Biohazardous Waste (Red Bag and Sharps Waste) S - Sharps Waste Only C - Chemotherapy Waste (Trace) P - Path (Human Tissues) Waste R - Other/Special - See Remarks
2				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	NOTE: Weight shown in Column "A" are reasonable estimates only, used for waste tracking document requirements, and can- not be used for invoicing purposes.
3				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
4				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	NOTE: Weight shown in Column "B" is ex- act weight of waste (less tare weight of rigid container), can be used for invoicing purposes. Weights are taken and determined at the T.C.I. Facility by a certified deputy weighmaster on weighmaster certified/permitted scales.
5				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
6				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
7				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
8				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
9				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
10				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
11				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
12				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	

REMARKS

EMPTY CONTAINERS

QTY

EXCHANGED @ PICKUP

GENERATOR SIGNATURE

WEIGHMASTER SIGNATURE

T.C.I. FACILITY AUTHORIZED AGENT

DATE

DATE

DATE

(DATE WASTE WAS RECEIVED BY TREATMENT FACILITY)

NO.

43269

MEDICAL WASTE TREATMENT BY

MEDICAL WASTE TSD FACILITY • THERMAL COMBUSTION INNOVATORS INC.

241 WEST LAUREL ST., COLTON, CA 92324 • EPA NO. CAD 981433873

WEIGHMASTER LICENSE NO. 6843

CERTIFICATION OF MEDICAL WASTE TREATMENT / DISPOSAL
GENERATORS - COPY



**TCI MEDICAL WASTE
DISPOSAL SERVICE**
"EXCELLENCE IN WASTE DISPOSAL"

(909) 370-0730

FAX (909) 370-0163

241 W. LAUREL STREET • COLTON, CA 92324

HAZARDOUS WASTE HAULER REGISTRATION # 1431

MEDICAL WASTE TRACKING DOCUMENT

GENERATOR NAME

TELEPHONE NUMBER

McDonnell Douglas Corp.
SUITE NO. / STREET ADDRESS

CITY

DATE

TIME OF WASTE REMOVAL - GENERATOR SITE

TCI DRIVER

May 24, 1994

12:37

Elisio

ITEM	CONTAINER SERIAL NO.	COLUMN "A" WEIGHT	COLUMN "B" NET WT/LBS.	WASTE LEGEND	TRACKING INFORMATION
1	<i>no waste</i>			<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	Legend — Type of Medical Waste B - Biohazardous Waste (Red Bag and Sharps Waste) S - Sharps Waste Only C - Chemotherapy Waste (Trace) P - Path (Human Tissues) Waste R - Other/Special - See Remarks
2				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	NOTE: Weight shown in Column "A" are reasonable estimates only, used for waste tracking document requirements, and can- not be used for invoicing purposes. NOTE: Weight shown in Column "B" is ex- act weight of waste (less tare weight of rigid container), can be used for invoicing purposes. Weights are taken and determined at the T.C.I. Facility by a certified deputy weighmaster on weighmaster certified/permitted scales.
3				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
4				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
5				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
6				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
7				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
8				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
9				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
10				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
11				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
12				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	

REMARKS

EMPTY CONTAINERS

QTY

EXCHANGED @ PICKUP

GENERATOR SIGNATURE

DATE

WEIGHMASTER SIGNATURE

DATE

T.C.I. FACILITY AUTHORIZED AGENT

DATE

NO.

43939

(DATE WASTE WAS RECEIVED BY TREATMENT FACILITY)

MEDICAL WASTE TREATMENT BY

MEDICAL WASTE TSD FACILITY • THERMAL COMBUSTION INNOVATORS INC.

241 WEST LAUREL ST., COLTON, CA 92324 • EPA NO. CAD 981433873

WEIGHMASTER LICENSE NO. 6843

CERTIFICATION OF MEDICAL WASTE TREATMENT / DISPOSAL

GENERATORS - COPY



T.C.I. MEDICAL WASTE DISPOSAL SERVICE

"EXCELLENCE IN WASTE DISPOSAL"

(909) 370-0730 • FAX (909) 370-0163 • 241 W. LAUREL STREET • COLTON, CA 92324 • HAZARDOUS WASTE HAULER REGISTRATION # 1431

MEDICAL WASTE TRACKING DOCUMENT

GENERATOR NAME

Mcdonnell Douglas

TELEPHONE NUMBER

SUITE NO. / STREET ADDRESS

CITY

DATE

Mar 21, 1995

TIME OF WASTE REMOVAL - GENERATOR SITE

10:10

T.C.I. DRIVER

James

ITEM	CONTAINER SERIAL NO.	COLUMN "A" WEIGHT	COLUMN "B" NET WT./LBS.	WASTE LEGEND	ITEM	CONTAINER SERIAL NO.	COLUMN "A" WEIGHT	COLUMN "B" NET WT./LBS.	WASTE LEGEND	ITEM	CONTAINER SERIAL NO.	COLUMN "A" WEIGHT	COLUMN "B" NET WT./LBS.	WASTE LEGEND	TRACKING INFORMATION
1	<i>no waste</i>			<input type="checkbox"/> B <input type="checkbox"/> S <input type="checkbox"/> C	13				<input type="checkbox"/> B <input type="checkbox"/> S <input type="checkbox"/> C	25				<input type="checkbox"/> B <input type="checkbox"/> S <input type="checkbox"/> C	P - Path (Human Tissues) Waste
2				<input type="checkbox"/> B <input type="checkbox"/> S <input type="checkbox"/> C	14				<input type="checkbox"/> B <input type="checkbox"/> S <input type="checkbox"/> C	26				<input type="checkbox"/> B <input type="checkbox"/> S <input type="checkbox"/> C	S - Sharps Waste Only
3				<input type="checkbox"/> B <input type="checkbox"/> S <input type="checkbox"/> C	15				<input type="checkbox"/> B <input type="checkbox"/> S <input type="checkbox"/> C	27				<input type="checkbox"/> B <input type="checkbox"/> S <input type="checkbox"/> C	C - Chemotherapy Waste (Trace)
4				<input type="checkbox"/> B <input type="checkbox"/> S <input type="checkbox"/> C	16				<input type="checkbox"/> B <input type="checkbox"/> S <input type="checkbox"/> C	28				<input type="checkbox"/> B <input type="checkbox"/> S <input type="checkbox"/> C	R - Other/Special - See Remarks
5				<input type="checkbox"/> B <input type="checkbox"/> S <input type="checkbox"/> C	17				<input type="checkbox"/> B <input type="checkbox"/> S <input type="checkbox"/> C	29				<input type="checkbox"/> B <input type="checkbox"/> S <input type="checkbox"/> C	NOTE: Weight shown in Column "A" are reasonable estimates only, used for waste tracking document requirements, and cannot be used for invoicing purposes.
6				<input type="checkbox"/> B <input type="checkbox"/> S <input type="checkbox"/> C	18				<input type="checkbox"/> B <input type="checkbox"/> S <input type="checkbox"/> C	30				<input type="checkbox"/> B <input type="checkbox"/> S <input type="checkbox"/> C	NOTE: Weight shown in Column "B" is exact weight of waste (less tare weight of rigid container), can be used for invoicing purposes. Weights are taken and determined at the T.C.I. Facility by a certified deputy weighmaster on weighmaster certified/permited scales.
7				<input type="checkbox"/> B <input type="checkbox"/> S <input type="checkbox"/> C	19				<input type="checkbox"/> B <input type="checkbox"/> S <input type="checkbox"/> C	31				<input type="checkbox"/> B <input type="checkbox"/> S <input type="checkbox"/> C	
8				<input type="checkbox"/> B <input type="checkbox"/> S <input type="checkbox"/> C	20				<input type="checkbox"/> B <input type="checkbox"/> S <input type="checkbox"/> C	32				<input type="checkbox"/> B <input type="checkbox"/> S <input type="checkbox"/> C	
9				<input type="checkbox"/> B <input type="checkbox"/> S <input type="checkbox"/> C	21				<input type="checkbox"/> B <input type="checkbox"/> S <input type="checkbox"/> C	33				<input type="checkbox"/> B <input type="checkbox"/> S <input type="checkbox"/> C	
10				<input type="checkbox"/> B <input type="checkbox"/> S <input type="checkbox"/> C	22				<input type="checkbox"/> B <input type="checkbox"/> S <input type="checkbox"/> C	34				<input type="checkbox"/> B <input type="checkbox"/> S <input type="checkbox"/> C	
11				<input type="checkbox"/> B <input type="checkbox"/> S <input type="checkbox"/> C	23				<input type="checkbox"/> B <input type="checkbox"/> S <input type="checkbox"/> C	35				<input type="checkbox"/> B <input type="checkbox"/> S <input type="checkbox"/> C	
12				<input type="checkbox"/> B <input type="checkbox"/> S <input type="checkbox"/> C	24				<input type="checkbox"/> B <input type="checkbox"/> S <input type="checkbox"/> C	36				<input type="checkbox"/> B <input type="checkbox"/> S <input type="checkbox"/> C	

REMARKS

EMPTY CONTAINERS
EXCHANGED @ PICKUP

GENERATOR SIGNATURE

WEIGHMASTER SIGNATURE

T.C.I. FACILITY AUTHORIZED AGENT

DATE WASTE WAS RECEIVED BY TREATMENT FACILITY

NO. 07295 -H

MEDICAL WASTE TREATMENT BY

MEDICAL WASTE TSD FACILITY • THERMAL COMBUSTION INNOVATORS INC.
241 WEST LAUREL ST., COLTON, CA 92324 • EPA NO. CAD 981433873 • WEIGHMASTER LICENSE NO. 6843

CERTIFICATION OF MEDICAL WASTE TREATMENT/DISPOSAL

GENERATORS-COPY



TCI MEDICAL WASTE DISPOSAL SERVICE

"EXCELLENCE IN WASTE DISPOSAL"


(909) 370-0730 FAX (909) 370-0163
241 W. LAUREL STREET • COLTON, CA 92324

HAZARDOUS WASTE HAULER REGISTRATION # 1431

MEDICAL WASTE TRACKING DOCUMENT

GENERATOR NAME McDonnell Douglas Co. TELEPHONE NUMBER ()
SUITE NO. / STREET ADDRESS 2000 CITY Long Beach

DATE Mar. 31/1994 TIME OF WASTE REMOVAL - GENERATOR SITE 12:40 TCI DRIVER Chase

ITEM	CONTAINER SERIAL NO.	COLUMN "A" WEIGHT	COLUMN "B" NET WT/LBS.	WASTE LEGEND	TRACKING INFORMATION
1	<u>Waste</u>			<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	Legend-Type of Medical Waste B - Biohazardous Waste (Red Bag and Sharps Waste) S - Sharps Waste Only C - Chemotherapy Waste (Trace) P - Path (Human Tissues) Waste R - Other/Special - See Remarks
2				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	<p>NOTE: Weight shown in Column "A" are reasonable estimates only, used for waste tracking document requirements, and cannot be used for invoicing purposes.</p> <p>NOTE: Weight shown in Column "B" is exact weight of waste (less tare weight of rigid container), can be used for invoicing purposes. Weights are taken and determined at the T.C.I. Facility by a certified deputy weighmaster on weighmaster certified/permitted scales.</p> 
3				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
4				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
5				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
6				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
7				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
8				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
9				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
10				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
11				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
12				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	

REMARKS _____

EMPTY CONTAINERS _____ QTY _____

EXCHANGED @ PICKUP _____

GENERATOR SIGNATURE _____ DATE _____

WEIGHMASTER SIGNATURE Jim S. 3/31/94 DATE _____

T.C.I. FACILITY AUTHORIZED AGENT _____ DATE _____

(DATE WASTE WAS RECEIVED BY TREATMENT FACILITY) _____

NO. 45011

MEDICAL WASTE TREATMENT BY
MEDICAL WASTE TSD FACILITY • THERMAL COMBUSTION INNOVATORS INC.
241 WEST LAUREL ST., COLTON, CA 92324 • EPA NO. CAD 981433873
WEIGHMASTER LICENSE NO. 6843

CERTIFICATION OF MEDICAL WASTE TREATMENT/DISPOSAL
GENERATORS-COPY



TCI MEDICAL WASTE DISPOSAL SERVICE

"EXCELLENCE IN WASTE DISPOSAL"

(909) 370-0730 FAX (909) 370-0163


241 W. LAUREL STREET • COLTON, CA 92324

HAZARDOUS WASTE HAULER REGISTRATION # 1431

MEDICAL WASTE TRACKING DOCUMENT

GENERATOR NAME McDonnell Douglas Co. TELEPHONE NUMBER 909-370-0730
SUITE NO. / STREET ADDRESS 10000 CITY Yucca Valley

DATE 4-7-1994 TIME OF WASTE REMOVAL - GENERATOR SITE 1:55 TCI DRIVER Chase

ITEM	CONTAINER SERIAL NO.	COLUMN "A" WEIGHT	COLUMN "B" NET WT/LBS.	WASTE LEGEND	TRACKING INFORMATION
1	<u>no waste</u>			B <input type="checkbox"/> P S <input type="checkbox"/> R C <input type="checkbox"/>	<p>Legend-Type of Medical Waste B - Biohazardous Waste (Red Bag and Sharps Waste) S - Sharps Waste Only C - Chemotherapy Waste (Trace) P - Path (Human Tissues) Waste R - Other/Special - See Remarks</p> <p>NOTE: Weight shown in Column "A" are reasonable estimates only, used for waste tracking document requirements, and can- not be used for invoicing purposes.</p> <p>NOTE: Weight shown in Column "B" is ex- act weight of waste (less tare weight of rigid container), can be used for invoicing purposes. Weights are taken and determined at the T.C.I. Facility by a certified deputy weighmaster on weighmaster certified/permitted scales.</p> 
2				B <input type="checkbox"/> P S <input type="checkbox"/> R C <input type="checkbox"/>	
3				B <input type="checkbox"/> P S <input type="checkbox"/> R C <input type="checkbox"/>	
4				B <input type="checkbox"/> P S <input type="checkbox"/> R C <input type="checkbox"/>	
5				B <input type="checkbox"/> P S <input type="checkbox"/> R C <input type="checkbox"/>	
6				B <input type="checkbox"/> P S <input type="checkbox"/> R C <input type="checkbox"/>	
7				B <input type="checkbox"/> P S <input type="checkbox"/> R C <input type="checkbox"/>	
8				B <input type="checkbox"/> P S <input type="checkbox"/> R C <input type="checkbox"/>	
9				B <input type="checkbox"/> P S <input type="checkbox"/> R C <input type="checkbox"/>	
10				B <input type="checkbox"/> P S <input type="checkbox"/> R C <input type="checkbox"/>	
11				B <input type="checkbox"/> P S <input type="checkbox"/> R C <input type="checkbox"/>	
12				B <input type="checkbox"/> P S <input type="checkbox"/> R C <input type="checkbox"/>	

REMARKS

EMPTY CONTAINERS

QTY

EXCHANGED @ PICKUP

GENERATOR SIGNATURE

DATE

WEIGHMASTER SIGNATURE

DATE

T.C.I. FACILITY AUTHORIZED AGENT

DATE

NO. **45384**

(DATE WASTE WAS RECEIVED BY TREATMENT FACILITY)

MEDICAL WASTE TREATMENT BY

MEDICAL WASTE TSD FACILITY • THERMAL COMBUSTION INNOVATORS INC.

241 WEST LAUREL ST., COLTON, CA 92324 • EPA NO. CAD 981433873

WEIGHMASTER LICENSE NO. 6843

CERTIFICATION OF MEDICAL WASTE TREATMENT/DISPOSAL
GENERATORS-COPY



**TCI MEDICAL WASTE
DISPOSAL SERVICE**
"EXCELLENCE IN WASTE DISPOSAL"

(909) 370-0730 FAX (909) 370-0163

241 W. LAUREL STREET • COLTON, CA 92324

HAZARDOUS WASTE HAULER REGISTRATION # 1431

MEDICAL WASTE TRACKING DOCUMENT

GENERATOR NAME <i>McDonnell Douglas</i>	TELEPHONE NUMBER
SUITE NO. / STREET ADDRESS	CITY <i>Yorba Linda</i>
DATE <i>4-11-1994</i>	TIME OF WASTE REMOVAL - GENERATOR SITE <i>10:22</i>
	TCI DRIVER <i>Chase</i>

ITEM	CONTAINER SERIAL NO.	COLUMN "A" WEIGHT	COLUMN "B" NET WT/LBS.	WASTE LEGEND	TRACKING INFORMATION
1	<i>no waste</i>			<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	Legend-Type of Medical Waste B - Biohazardous Waste (Red Bag and Sharps Waste) S - Sharps Waste Only C - Chemotherapy Waste (Trace) P - Path (Human Tissues) Waste R - Other/Special - See Remarks
2				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	NOTE: Weight shown in Column "A" are reasonable estimates only, used for waste tracking document requirements, and can- not be used for invoicing purposes. NOTE: Weight shown in Column "B" is ex- act weight of waste (less tare weight of rigid container), can be used for invoicing purposes. Weights are taken and determined at the T.C.I. Facility by a certified deputy weighmaster on weighmaster certified/permitted scales.
3				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
4				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
5				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
6				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
7				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
8				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
9				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
10				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
11				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
12				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	

REMARKS	EMPTY CONTAINERS	QTY
	EXCHANGED @ PICKUP	
	GENERATOR SIGNATURE	DATE <i>4-11-94</i>
	WEIGHMASTER SIGNATURE	DATE
	T.C.I. FACILITY AUTHORIZED AGENT	DATE
NO. 45924	(DATE WASTE WAS RECEIVED BY TREATMENT FACILITY)	

MEDICAL WASTE TREATMENT BY
MEDICAL WASTE TSD FACILITY • THERMAL COMBUSTION INNOVATORS INC.
241 WEST LAUREL ST., COLTON, CA 92324 • EPA NO. CAD 981433873
WEIGHMASTER LICENSE NO. 6843
CERTIFICATION OF MEDICAL WASTE TREATMENT/DISPOSAL
GENERATORS-COPY



**TCI MEDICAL WASTE
DISPOSAL SERVICE**
"EXCELLENCE IN WASTE DISPOSAL"

(909) 370-0730 FAX (909) 370-0163

241 W. LAUREL STREET • COLTON, CA 92324

HAZARDOUS WASTE HAULER REGISTRATION # 1431

MEDICAL WASTE TRACKING DOCUMENT

GENERATOR NAME	<i>McDonnell Douglas Co.</i>	TELEPHONE NUMBER	
SUITE NO. / STREET ADDRESS		CITY	<i>Yucca Valley</i>
DATE	<i>4-14-1994</i>	TIME OF WASTE REMOVAL	<i>12:10</i>
		GENERATOR SITE	
		TCI DRIVER	<i>Elmer</i>

ITEM	CONTAINER SERIAL NO.	COLUMN "A" WEIGHT	COLUMN "B" NET WT/LBS.	WASTE LEGEND	TRACKING INFORMATION
1	<i>Waste</i>			<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	Legend-Type of Medical Waste B - Biohazardous Waste (Red Bag and Sharps Waste) S - Sharps Waste Only C - Chemotherapy Waste (Trace) P - Path (Human Tissues) Waste R - Other/Special - See Remarks
2				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	NOTE: Weight shown in Column "A" are reasonable estimates only, used for waste tracking document requirements, and can- not be used for Invoicing purposes. NOTE: Weight shown in Column "B" is ex- act weight of waste (less tare weight of rigid container), can be used for Invoicing purposes. Weights are taken and determined at the T.C.I. Facility by a certified deputy weighmaster on weighmaster certified/permitted scales.
3				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
4				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
5				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
6				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
7				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
8				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
9				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
10				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
11				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
12				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	

REMARKS	EMPTY CONTAINERS	QTY
	EXCHANGED @ PICKUP	
	GENERATOR SIGNATURE	DATE <i>4-14-94</i>
	WEIGHMASTER SIGNATURE	DATE
	T.C.I. FACILITY AUTHORIZED AGENT	DATE
(DATE WASTE WAS RECEIVED BY TREATMENT FACILITY)		

NO. **46323**

MEDICAL WASTE TREATMENT BY
MEDICAL WASTE TSD FACILITY • THERMAL COMBUSTION INNOVATORS INC.
241 WEST LAUREL ST., COLTON, CA 92324 • EPA NO. CAD 981433873
WEIGHMASTER LICENSE NO. 6843
CERTIFICATION OF MEDICAL WASTE TREATMENT/DISPOSAL
GENERATORS-COPY



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241 W. LAUREL STREET • COLTON, CA 92324

HAZARDOUS WASTE HAULER REGISTRATION # 1431

MEDICAL WASTE TRACKING DOCUMENT

GENERATOR NAME MC DONNELL DOUGLAS TELEPHONE NUMBER _____
SUITE NO. / STREET ADDRESS _____ CITY TORRANCE

DATE 4/18/94 TIME OF WASTE REMOVAL - GENERATOR SITE 10:30 TCI DRIVER Scott

ITEM	CONTAINER SERIAL NO.	COLUMN "A" WEIGHT	COLUMN "B" NET WT/LBS.	WASTE LEGEND	TRACKING INFORMATION
1	772	32		<input checked="" type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	Legend-Type of Medical Waste B - Biohazardous Waste (Red Bag and Sharps Waste) S - Sharps Waste Only C - Chemotherapy Waste (Trace) P - Path (Human Tissues) Waste R - Other/Special - See Remarks
2	1728	35		<input checked="" type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
3				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
4				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	NOTE: Weight shown in Column "A" are reasonable estimates only, used for waste tracking document requirements, and can- not be used for invoicing purposes.
5				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
6				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	NOTE: Weight shown in Column "B" is ex- act weight of waste (less tare weight of rigid container), can be used for invoicing purposes. Weights are taken and determined at the T.C.I. Facility by a certified deputy weighmaster on weighmaster certified/permitted scales.
7				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
8				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
9				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
10				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
11				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	
12				<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> C	

REMARKS

EMPTY CONTAINERS

QTY

EXCHANGED @ PICKUP

GENERATOR SIGNATURE [Signature] DATE 4/18/94

WEIGHMASTER SIGNATURE _____ DATE _____

T.C.I. FACILITY AUTHORIZED AGENT

DATE

NO. **46774**

(DATE WASTE WAS RECEIVED BY TREATMENT FACILITY)

MEDICAL WASTE TREATMENT BY

MEDICAL WASTE TSD FACILITY • THERMAL COMBUSTION INNOVATORS INC.

241 WEST LAUREL ST., COLTON, CA 92324 • EPA NO. CAD 981433873

WEIGHMASTER LICENSE NO. 6843

CERTIFICATION OF MEDICAL WASTE TREATMENT/DISPOSAL
GENERATORS-COPY

Rob Tuell
05/21/93

I called Craig Hayward at TCI, at 0900 hrs.
21 May 1993.

I asked him to replace the defective
Bio Hazard Waste Cans and to ask his
drivers to always place the Medical Waste
Tracking Document in the Mail Box on the
Fence.

He said he would see to it that these
items were done.

Rob Tuell
05/21/93

I called him back at 12:00 and told him the
other cans had cracks also in lids. He
said he would get them out of there.